

29.7.58

CITY AND COUNTY OF THE CITY OF EXETER



EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1957

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,

PRINCIPAL

SCHOOL MEDICAL OFFICER

CITY AND COUNTY OF THE CITY OF EXETER



(Above sketch by H. D. Doble, 1950)

There was a time when this quay saw many a two-masted brigantine ; many a tun of port has rolled on the quay and many a cargo of salt cod has lain drying in the sun.

The bonded warehouses are architecturally very fine and are listed as buildings of historic interest as also is the Customs House (not shewn) which is a good example of Regency architecture.



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*Denotes new items or developments

SCHOOL HEALTH DEPARTMENT,
1A, SOUTHERNHAY WEST,
EXETER.

April, 1958.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my annual report on the health of the school children and on the work of the school health service during the year 1957. The report is on the usual lines and the special items recently incorporated have been again included to secure a continuity of record. A brief note on strabismus (squint) is given as an Appendix II.

The " bulge " in the child population resulting from the high birth rate towards the end of and after the war is now affecting the senior schools. One new infant school was opened and one old infant school closed.

The health of the children was excellent and only 11 out of 4,139 examined at the periodic medical examinations were found to shew poor general condition. Attendances at clinics for minor ailments are declining. Cleanliness was well maintained ; 1.4% of the children were found verminous : though relatively good, it is not yet good enough.

The acute infectious diseases were not prevalent, but poliomyelitis caused a good deal of anxiety ; however only 5 cases in school children were notified and only 1 out of these was paralytic : the disease affected the surrounding county areas more severely than the city. Vaccination against poliomyelitis was carried out as energetically as supplies of vaccine would allow, and this took a good deal of time. B.C.G. vaccination of the 13 year olds was continued and the response was again excellent. Since the vaccination programmes are substantially concerned with school children, the administrative arrangements are made through the school health service : this works out very well. Tuberculosis surveys in schools, described in the report, again shewed profitable results.

The Dental Service was well maintained : 3 surgeries were staffed throughout the year. Three quarters of the children were inspected and three fifths of these were found to require treatment. " Casual " cases still occupy a good deal of time.

ICAL
MINATIONS,
(e 13)

MINATIONS
(e 40-47)

AL SERVICE
(e 21-23)

CHILD GUIDANCE
(Page 31-33)

It is of the highest importance that contacts are established by the staff of the school health service on as wide a basis as possible in the interests of the health of the school children and I try to secure this. During 1957, it was decided to allow family doctors, school teachers, and others concerned with children to have direct access to the Child Guidance Centre: it was also decided to admit children from non-maintained schools, the criterion simply being the urgency of the individual need: these changes have in practice proved advantageous.

SPEECH THERAPY
(Page 34-37)

An interesting report with particular reference to stammering is submitted by our speech therapist, Miss J. A. Jackson.

EMPLOYMENT
(Page 54-56)

The problem of employment of school leavers who are handicapped (though not all in the statutory sense) is briefly discussed by Dr. C. H. J. Baker.

HEALTH
EDUCATION—
SMOKING
(Appendix I)

Towards the end of the year I consulted the head teachers of all the secondary schools (maintained and non-maintained) about health education in relation to the risk arising from smoking cigarettes. After much useful discussion it was decided to send out to the parents of all boys over 13 (numbering about 2,750) a letter from me, as Principal School Medical Officer, and a supporting letter from the head teacher. Each head teacher had his own approach based on his knowledge of the boys and families. In the Lent term, 1958, these letters were distributed: my letter and an example of one of the head's letters are set out in Appendix I of this report.

We all recognise that environment is a factor of great moment in the health of the individual and that it includes not only the physical surroundings but the personal relationships of one with another. The educational system clearly affects the school child in an immediate way during much of the day. Our duty in the school health service is to make his health opportunity as favourable as possible through an understanding of his needs and by securing appropriate adjustments of the school environment. But we must do more: the school health service is a personal health service—that is it is concerned not only with environmental factors but with the individual child and his will to health. We must try to discover and remedy defect and disorder, to advise and help parents in promoting healthy modes of living for their children, and so far as possible to make such changes as may be necessary, attractive to the child himself.

ACKNOWLEDGMENTS

I am grateful to you Mr. Chairman and members of the Education Committee and especially the Chairman and members of the Special Services Sub-Committee, for the sympathetic consideration you give to all suggestions directed

to this end, whether in relation to general improvement of the school health service, or of the school premises or to the educational treatment of individually handicapped children.

In this city I have always found the parents very keen to do all they can for the health of their children. As usual, I am very much indebted to the head teachers who have been so helpful ; and to the Director of Education for his wholehearted support and co-operation. The hospital consultants (especially and perhaps naturally the Consultant Paediatrician, Dr. F. S. W. Brimblecombe) and the family doctors have all backed us up in our efforts on behalf of the children. My staff, professional and clerical, especially Mr. Stamp, deserve a good mead of praise for their loyal and devoted work during the year. Their organisation of the poliomyelitis vaccination scheme has been most efficient.

I referred last year to Dr. Jessie Smith's impending retirement ; we feel the loss to the department very much. We all wish her well, and I am glad to say she is enjoying her newly-found time. Well earned retirement should be well enjoyed.

If " Public Health is People," as we say, certainly then " School Health is Children " ; they are worth all the effort we can put in for them. Generous attitudes to children are not based on the thought of reward ; but the reward is none the less certain. Parents who love their children, and who accept their responsibilities to them in an unselfish but disciplined way will enjoy the affection and the honour that the Commandments enjoin. We in the school health service as representing the Community try to help the parents in their primary role towards their children and in so far as the Community gives affection and care through the education and health services to the children, so will they in turn as they grow up, feel for the Community to which they belong.

I am,

Your obedient servant,

E. D. IRVINE.

EXETER EDUCATION COMMITTEE
(as constituted on 31st December, 1957).

Chairman—

Alderman VINCENT THOMPSON, O.B.E.

Deputy Chairman—

Alderman W. G. DAW

Committee—

The R.W. The Mayor—

(COUNCILLOR LT. COL. R. H. CREASY)

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Alderman W. T. Slader, J.P.	Councillor H. Parker
Alderman J. G. Warne	Councillor A. H. Roberts
Councillor P. F. Brooks	Councillor N. S. Ruddick
Councillor W. H. Down	Councillor E. Russell
Councillor J. G. Gater	Councillor H. S. Sargent
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Councillor W. Hunt	Councillor Mrs. F. M. Vining
	Councillor A. S. Webber

Co-opted Members—

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Rev. Preb. R. L. Collins, M.A.	S. L. Medlar, M.A.
J. W. Cook, D.SC., F.R.S.	Mrs. M. D. L. Purton
J. J. L. Gore, B.SC.	Miss G. M. Steffens

J. L. HOWARD, M.SC., A.R.I.C., *Director of Education*

E. D. IRVINE, M.D., M.R.C.S., D.P.H., *Principal School Medical Officer*

STAFF OF THE SCHOOL HEALTH DEPARTMENT

Principal Sch. Med. Officer & Medical Officer of Health	EDWARD D. IRVINE, M.D. (LIV.), M.R.C.S., L.R.C.P., D.P.H.
Dep. Principal Sch. Medical Officer & Dep. Med. Officer of Health.	GEORGE P. McLAUCHLAN, M.B., CH.B., (EDIN.), D.C.H., D.P.H., (from 21.11.57).

Senior Sch. Medical Officer	JESSIE SMITH, M.B., CH.B., (LEEDS), D.P.H., (Retired 4.9.57).
School Medical Officers ..	GEORGE P. MCLAUCHLAN, M.B., CH.B. (EDIN.), D.C.H., D.P.H. Also DEPUTY M.O.H. (To 20.11.57). (See above). IRIS V. I. WARD, M.D. (LOND.), M.R.C.S., L.R.C.P., D.C.H. CHARLES H. J. BAKER, M.R.C.S., L.R.C.P., D.P.H. (LOND.), (Temporary from 25.9.57).
Principal Dental Officer ..	JAMES B. CLARK, L.D.S., R.C.S., (EDIN.)
Dental Officers	ERIC G. C. HUNTER, L.D.S., R.C.S., (EDIN.), (Resigned 24.8.57). THOMAS B. H. WOOD, B.D.S., (St. Andrews), (Resigned 31.10.57). MARTIN RADFORD, B.A., L.D.S., R.C.S. (ENG.), (From 1.9.57). ROBERT B. MYCOCK, L.D.S., (Bris.), (From 1.9.57).
Child Guidance Centre ..	HARDY S. GAUSSEN, M.R.C.S. (LOND.), L.R.C.P., Psychiatrist (part-time). MRS. E. LEWIS, M.A. (OXON), M.ED. (BIRM.), Educational Psychologist (part-time). MISS K. HUNT, B.A., (LEEDS), Psychiatric Social Worker.
Speech Therapist	MISS J. A. JACKSON, L.C.S.T.
Superintendent Sch. Nurse (Also Supt. Health Visitor)	MISS C. M. WILKINSON, (From 23.4.57).
School Nurses (Also Health Visitors)	MISS A. E. EDDIS. MISS L. E. WATHEN. MISS M. L. BARRETT. MISS G. M. BASTOW. MRS. K. DUNHAM. MRS. E. STANNARD. MISS H. M. SHEWAN. MISS B. A. BRAZIL. MISS Y. CASELLI.
Temporary School Nurses (Part-time)	MRS. D. M. WAKELY. MRS. K. A. ATKINS.
Temporary Clinic Nurses .. (Part-time)	MRS. T. S. TILLER. MRS. M. A. MACNAMARA. MRS. B. M. SHORLAND.
Dental Attendants ..	MISS E. I. ROSE, (Deceased 25.8.57). MISS A. M. SNOWDEN, (Resigned 30.9.57). MRS. G. COOMB, (Resigned 31.10.57). MISS D. G. FREEMAN, (From 8.7.57). MISS E. M. PINKHAM, (From 9.9.57). MISS J. M. BACON, (From 28.10.57).
Clerks	MR. W. H. STAMP. (Clerk-in-Charge). MRS. S. M. SMITH. MRS. J. BURNETT. MISS J. J. MILLER. MISS M. A. COX, (Temporary). MISS M. A. FENWICK, (Dental). MRS. P. M. ASH, (Child Guidance Centre), (Resigned 2.11.57). MRS. P. I. GOSS, (Child Guidance Centre), (From 4.11.57).

STATISTICS AND GENERAL INFORMATION

Population of City (Mid-Year 1956)	....	....	....	77,000
Population (city) between 5 and 15 years (Mid-Year 1956)				
approx.	....	....	....	11,600
Population of Maintained Schools as at 17th Jan., 1958				10,700
Number of Maintained Schools	....	....	....	38

PUPILS			SCHOOLS	
Boys	Girls	Total	Department	Number
21	21	42	Nursery	1
1,065	1,068	2,133	Infants	16
2,272	2,133	4,405	Junior	16
1,369	1,341	2,710	Secondary Modern	8
325	—	325	Secondary Technical Grammar	1
545	527	1,072	Secondary Grammar	2
8	5	13	Hospital Special School (Honeylands)	1
5,605	5,095	10,700	TOTALS	45

Those schools having both infants and juniors have been counted as having two departments.

The number of pupils in the maintained schools was 185 more than at the same time in 1957. A decrease in the infant schools was matched by a small increase in the junior schools ; a slightly larger increase was evident in the secondary schools.

During the year one new school was opened, viz : Beacon Heath Infants' School (120 places). It is intended that this school shall eventually provide accommodation for 240 juniors and 240 infants. From September, 1957, Holloway Street School was re-organised for infants only, Central School for juniors only and St. David's School for both juniors and infants. St. Mary Arches School was closed at the end of the Summer term, 1957.

SCHOOL BUILDINGS

I am indebted to the City Architect (Mr. H. B. Rowe) for the following notes on work carried out by his department in the schools during 1957.

(a) School Meals Service

A dining room and kitchen were completed and brought into use at the new Beacon Heath Infants' School.

Internal decorations were carried out in rooms used for school meals purposes, as follows :—

- (i) Countess Wear Junior Mixed School — kitchen, stores and dining room.
- (ii) Stoke Hill Junior Mixed School — dining room.
- (iii) St. Thomas Secondary Modern Girls' School — scullery and cloaks.
- (iv) St. James Secondary Modern Girls' School — dining room.
- (v) Secondary Technical Grammar School — stores.
- (vi) Bradley Rowe Junior Boys' School — dining room.

(b) Alterations

A central heating boiler at John Stocker Junior Boys' School was replaced.

The electrical installation at the Central Junior Mixed School was modernized generally so that higher wattage lamps could be used.

A toy store was added to the St. David's Junior Mixed and Infants' School when the infants from St. Mary Arches were transferred there. The natural lighting at this school was also considerably improved by the provision of additional windows.

The electric lighting installation at the Bradley Rowe Junior Assembly Hall was modernized.

A water heater was provided for the caretaker's use at Bradley Rowe Junior Girls' School.

The electric lighting in the metalwork room at John Stocker Secondary Modern Boys' School was improved, and safety switches fixed to the machinery.

A new circulating pump was fitted to the central heating installation at St. Thomas Secondary Modern Girls' School.

A circulating pump was also fitted to the central heating system at the Episcopal Schools.

A "Londex" safety system was provided in the wood and metal workshops at Vincent Thompson School to control the power supply to the machinery.

A similar safety system was provided in the workshops at the Secondary Technical Grammar School.

A new mixing valve and new shower fittings were provided at the sports pavilion at Hele's School playing fields at Southam.

Two additional classrooms and lavatory and cloakroom accommodation were provided at the Bishop Blackall Annexe in York Road.

The pavilion at West Garth Road used by the Bishop Blackall School for games purposes was improved ; water flushed lavatory accommodation was provided to replace the former unsatisfactory chemical closets.

Two additional huttred classrooms were provided at Montpellier for use by the Central Technical College (Department of Commerce).

A supply of hot water was provided in the small pavilion situated at the Priory site which is used by the students of both the Technical College and the Technical School for games purposes.

Premises in Tin Lane were adapted as a Dental Clinic for use by the Education Committee for the care of children's teeth.

(c) **Internal Decorations** of a major character were carried out at the following schools :

Chestnut Avenue Nursery School	Countess Wear Junior Mixed
Cowick Street Infants	Summerway Junior Mixed
John Stocker Junior Boys	Stoke Hill Junior Mixed
St. Sidwell's Jun. Mixed & Infants	Countess Wear Infants
Central Junior Mixed	John Stocker Sec. Mod. Boys
St. Nicholas Jun. Mxd. & Infants	St. James Sec. Mod. Girls
Bradley Rowe Junior Boys	Episcopal Sec. Mod. Boys
Bradley Rowe Junior Girls	Episcopal Sec. Mod. Girls
Ladysmith Infants	Ladysmith Sec. Mod. Boys
Heavitree Jun. Mxd. & Infants	Secondary Technical Grammar
Whipton Infants	Bishop Blackall

(d) **Minor Redecorations**

In addition to the internal redecoration work referred to above, minor work was carried out at 11 other schools or properties controlled by the Education Committee.

SCHOOL HYGIENE

During the year, attention was drawn *inter alia*, to deficient washing facilities and sanitary accommodation at St. Sidwell's School, unsatisfactory sanitary accommodation at Bradley Rowe Infants, and Junior Boys' Schools, and Holloway Street School and various deficiencies in Ladysmith Infants, St. Nicholas, and St. Thomas Girls' Schools. There are 11 schools with 3,000 children in all, using paper towels exclusively for hand drying.

In many schools the arrangements for medical inspections are not satisfactory.

Medical Examinations

In a total school population of 10,700 the periodic examinations numbered 4,139 and other medical examinations 2,607. Parents were present at 3,122 (75%) of the complete examinations (see table on page 14). Parents are not normally invited to be present at the re-examinations but are occasionally invited to the special examinations: these attendances are not, however, recorded for statistical purposes. 706 children (approximately 1 in 6 of those examined at the periodic inspections) were found to require treatment for some defect other than dental disease which is common or verminous conditions which are rare.

General Condition of the Children

The general condition of the children continues to be most satisfactory, 99.7% having been so classified by the medical officers, compared with 99.5% so graded last year. 20 years ago (1937) the percentage of children found satisfactory was 83.3%. As stated in my 1955 report, children whose general condition is considered unsatisfactory, are investigated.

In only 11 children (0.3%) out of 4,139 having complete medical examinations during 1957 was the general physical condition reported to be unsatisfactory; of these, 8 were boys (3 infants, 1 junior and 4 senior) and 3 were girls (1 infant, 1 junior and 1 senior).

9 (7 boys and 2 girls) took school milk but only 2 (boys) took school dinners. Substantial defects were found in only 2 children (boys) multiple handicaps (1) and heart disease (1); there were no cases of unsatisfactory maternal care; in only 2 children (1 boy and 1 girl) was sleep considered to be insufficient; in 1 case (boy) the housing conditions were considered unsatisfactory.

Medical officers' recommendations:—

- (a) 5 were kept under observation (to be medically examined, weighed and measured every term).
- (b) 3 were referred to specialists for advice or treatment and the remaining 3 were already under such care.

Of the 23 children listed in last year's report, 4 were classified as satisfactory during 1957, 12 as improved, 3 have left school and no change is reported in the remaining 4 cases.

Foot Health

This is engaging more and more attention; here the feet of all children are examined at the periodic medical inspections and the suitability of their footwear gauged by the doctor. The impression formed by the doctors is that the feet of the infants are in good trim, but that they worsen as the children get older. Hallux valgus and corns are found among the senior girls: flat feet are also found in the boys especially perhaps the juniors and hammer toe and hallux valgus rather less frequently.

Enuresis

During the periodic medical examinations (which numbered 4,139), 35 boys and 17 girls with nocturnal enuresis ("bed wetting") were seen : 6 of them (4 boys and 2 girls) also suffered from the condition during the day. 27 of the 31 new cases were noted at the entrants' examination or at the nursery school ; 3 were discovered as 8 year olds, all of whom had been noted at the school entrance medical examination to be "dry." The remaining child was a boy of 12 years old who had periodic bouts of bed wetting but was "dry" most of the time.

In the whole group the frequency of nocturnal enuresis varied : it is obviously a serious trouble both for parent and child.

			Boys	Girls
Wet every night	....	....	22	11
About once a week	....	....	2	1
Occasional wet bed	....	....	8	4
Periods of wetting	....	....	3	1

I hope to have more useful information on this subject in my next report.

PARENTS' ATTENDANCES AT COMPLETE EXAMINATION

AGE GROUP	No. of Children examined.	No. of Parents present.	Percentage
PERIODIC (5 year olds)	891	839	94%
OTHER PERIODICS (8 year olds)	1,073	979	91%
PERIODIC (11 & 12 year olds)	786	629	80%
PERIODIC (14 year olds)	638	265	41%
OTHER PERIODICS (15 year olds)	75	31	41%
PERIODIC (17 year olds)	42	13	31%
SPECIALS—ALL AGES	634	366	58%
TOTAL 1957	4,139	3,122	75%
TOTAL 1956	4 793	3,559	74%

HEIGHTS AND WEIGHTS.

BOYS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)				EXETER BOYS						
Age		Height in inches	Age	No. Exam- ined in 1957	Average Height in Inches					
					1957	1956	1955	1954	1953	
5	(4½-5½) yrs.	41.4	5 (5-6) yrs.	131	43.6	43.4	43.7	43.1	43.4	
6	(5½-6½) "	43.0								
7	(6½-7½) "	45.4								
8	(7½-8½) "	47.8		8 (8-9) "	526	50.5	50.7	50.4	50.3	50.2
9	(8½-9½) "	49.2								
10	(9½-10½) "	51.3								
11	(10½-11½) "	52.7	11 (11-12) "	336	56.9	56.7	56.5	56.7	55.9	
13	(12½-13½) "	56.2	12 (12-13) "	136	57.6	57.5	57.7	58.1	—	
14	(13½-14½) "	58.0	14 (14-15) "	320	63.7	63.5	63.8	63.3	62.7	
			15 (15-16) "	73	67.5	66.6	66.4	66.0	65.9	
			17 (17-18) "	36	69.3	69.0	69.2	67.8	69.0	

BOYS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)			EXETER BOYS							
Age		Weight in pounds	Age		No. Exam- ined in 1957	Average Weight in Pounds				
						1957	1956	1955	1954	1953
5	(4½-5½) yrs.	38.7	5	(5-6) yrs.	434	43.1	43.1	44.0	42.7	44.0
6	(5½-6½) "	41.3								
7	(6½-7½) "	45.4								
8	(7½-8½) "	51.0								
9	(8½-9½) "	54.8	8	(8-9) "	526	60.3	60.3	60.7	60.2	59.7
10	(9½-10½) "	59.6								
11	(10½-11½) "	64.6								
13	(12½-13½) "	76.5								
14	(13½-14½) "	86.1	11	(11-12) "	336	82.8	83.2	81.9	80.7	79.6
			12	(12-13) "	134	88.4	85.2	85.1	86.7	—
			14	(14-15) "	319	113.9	113.6	115.4	109.7	109.4
			15	(15-16) "	74	130.4	129.9	128.8	127.7	126.2
			17	(17-18) "	36	148.6	144.7	144.5	147.0	147.0

GIRLS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)				EXETER GIRLS							
Age		Height in inches	Age	No. Exam- ined in 1957	Average Height in Inches						
					1957	1956	1955	1954	1953		
5	(4½-5½)	Yrs.	41.1	5 (5-6)	Yrs.	455	43.0	43.1	43.3	42.5	42.9
6	(5½-6½)	"	42.8								
7	(6½-7½)	"	45.1								
8	(7½-8½)	"	47.5	8 (8-9)	"	542	50.0	50.0	50.1	49.8	50.0
9	(8½-9½)	"	48.9								
10	(9½-10½)	"	51.2								
11	(10½-11½)	"	52.8	11 (11-12)	"	213	57.2	57.5	57.2	56.9	56.7
13	(12½-13½)	"	56.9								
14	(13½-14½)	"	58.9								
				12 (12-13)	"	101	58.6	58.5	58.3	58.6	—
				14 (14-15)	"	315	62.6	62.4	62.1	61.9	61.8
				15 (15-16)	"	1	68.0	63.1	63.6	63.6	63.5
				17 (17-18)	"	6	63.2	64.4	64.2	63.9	64.0

GIRLS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)			EXETER GIRLS							
Age		Weight in pounds	Age		No. Exam- ined in 1957	Average Weight in Pounds				
						1957	1956	1955	1954	1953
5	(4½-5½) yrs.	37.5	5	(5-6) yrs.	155	41.7	41.7	42.5	41.8	42.6
6	(5½-6½) "	40.1								
7	(6½-7½) "	44.4								
8	(7½-8½) "	49.1	8	(8-9) "	512	59.4	58.2	59.5	58.3	58.4
9	(8½-9½) "	52.6								
10	(9½-10½) "	59.8								
11	(10½-11½) "	63.9	11	(11-12) "	213	84.5	86.0	85.3	82.8	82.6
12	(11½-12½) "	79.0	12	(12-13) "	100	88.6	91.0	89.4	90.7	—
13	(12½-13½) "	88.2	14	(14-15) "	313	114.1	113.5	112.1	111.2	110.5
14	(13½-14½) "		15	(15-16) "	1	111.5	123.1	123.2	124.8	120.7
			17	(17-18) "	6	119.0	133.3	130.5	129.5	129.3

The average heights and weights are very much the same as in 1956.

Hearing Aids

During 1957, 3 children (2 boys both aged 10 years and 1 girl aged 12 years) were provided with hearing aids through the Regional Hospital Board. 9 other children (3 boys and 6 girls) had been provided with hearing aids in previous years. All these 12 children attend ordinary schools in the city and are managing all right.

We have no special classes or units attached to ordinary schools; children requiring education in a special school for the deaf attend the Royal School for the Deaf, Exeter, mostly as day pupils, a few as boarders. (see page 26).

Otorrhoea : "running ear" was found in 36 children as compared with 37 last year; 31 (i.e. 1 in 133 of those examined) were found at periodic and special complete examinations and 5 children at special, not complete examinations (i.e. 1 in 337 examined); 10 were referred for treatment, the remaining 26 cases being kept under observation.

71 children were referred for treatment of nose and throat defects, whilst a further 380 children are being kept under observation. For several years, the school doctors have used the electric auriscope for the aural examination of every child being examined at any periodic medical inspection.

During the year 8 children (6 boys and 2 girls) attended school clinics with suppurative otitis media; 2 had otorrhoea for the first time whilst 6 of them were recurrent cases. In 2 cases the housing and/or home conditions were considered to be unsatisfactory; 5 of the children had had their tonsils and/or adenoids removed.

Squint was found in 59 children at the periodic and special complete examinations (i.e. about 1 in 100). 13 were referred to the West of England Eye Infirmary, the remaining 46 being kept

under observation. Almost all of the last have already been under the care of the Eye Infirmary and its orthoptic department.

	1956					1957				
	No. of children med. examd.	SQUINT		OTITIS MEDIA		No. of children med. examd.	SQUINT		OTITIS MEDIA	
		T	O	T	O		T	O	T	O
Entrants	991	2	26	1	5	891	10	15	2	4
2nd Age Group ..	1,079	—	7	5	2	786	—	6	1	2
3rd Age Group ..	646	—	2	1	2	680	—	1	2	4
Other Periodics ..	2,071	1	15	4	10	1,782	3	22	1	15
Specials (not complete)	1,119	—	—	6	4	1,687	—	2	4	1
TOTAL	5,912	3	50	11	23	5,826	13	46	10	26

T means referred for Treatment.

O means referred for Observation.

(See also Appendix (11))

VISION

During the year 829 children were referred by the school medical officers to the West of England Eye Infirmary for refraction. These included 176 (87 boys and 89 girls) referred for the first time and spectacles were prescribed for 107 (50 boys and 57 girls) of these 176 children. There is no delay in securing spectacles for school children but very considerable effort is needed to secure a satisfactory response by the children and parents. A small number attend private ophthalmic opticians.

VISION EXAMINATION OF SIX YEAR OLD CHILDREN

During 1957, 826 six year old children (430 boys and 396 girls) were so examined by the school nurses at 16 schools; 35 children (18 boys and 17 girls) apart from children already wearing spectacles were found to have defective vision of over 6/12 in either or both eyes, and referred for further examination by the school medical officers. The table below sets out the action taken :

	Boys	Girls	Total
For observation by school medical officers	4	3	7
Referred to Eye Infirmary by school medical officers	10	12	22
Left City	2	—	2
Attended private opticians	2	—	2
No action	—	2	2
TOTAL	18	17	35

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
RESULT OF EXAMINATION AT THE EYE INFIRMARY—			
Spectacles prescribed 	9	11	20
Spectacles not prescribed 	1	1	2
TOTAL 	10	12	22

VISION EXAMINATION OF THIRTEEN YEAR OLD CHILDREN

891 children (505 boys and 386 girls) in their fourteenth year were examined during 1957, of these, 158 (80 boys and 78 girls) already had spectacles. 15 children (9 boys and 6 girls) i.e. almost 2%, who had not previously been reported as having defective vision, were found to have vision of 6/12 in either eye or worse for distant vision. In 2 children (1 boy and 1 girl) myopia was found for the first time. 2 children (1 boy and 1 girl) left the city ; the tables below set out the action taken on the remaining 13 children.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
RESULT OF EXAMINATION BY SCHOOL MEDICAL OFFICER			
For observation at school 	5	4	9
Referred to Eye Infirmary 	3	1	4
TOTAL 	8	5	13

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
RESULT OF EXAMINATION AT THE EYE INFIRMARY :			
Spectacles prescribed 	2	1	3
Spectacles not prescribed 	1	—	1
TOTAL 	3	1	4

COLOUR VISION

During 1957, 1,147 children (714 boys and 433 girls), mainly 11 year olds and some 14 year olds who had not been previously tested, were tested by the nurses using the Ishihara Colour Vision Testing Plates and 40 children (38 boys and 2 girls) were considered to have defective colour vision. Medical officers tested 35 of these by the Giles-Archer lantern. Of the remaining 5 children, 1 refused, 3 failed to attend and 1 is still awaiting the test ; in addition, 13 boys left over from 1956 were tested (4 safe and 9 unsafe).

The tables below set out the results of the tests :

ISHIHARA TEST RESULTS (in 1957)	Boys	Girls	Total
No. examined	714	433	1,147
No. found to have defective colour vision	38 (5.3%)	2 (0.5%)	40
GIRLS :			
Red-Green		1	1
Yellow, Blue and Green		1	1
Boys :			
Partially Red-Green	5		38
Completely Red-Green	14		
Partially Red Defective	3		
Partially Yellow-Green Defective	2		
Inconsistent	14		

COLOUR VISION — RESULTS OF TESTS USING GILES-ARCHER LANTERN

YEAR	TESTED BY ISHIHARA PLATES		FOUND DEFECTIVE		GILES-ARCHER LANTERN TEST (R.A.F. STANDARD)						TOTAL
					Safe		Unsafe		NOT TESTED		
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	
1954	303	151	25	—	5	—	5	—	15	—	25
1955	806	455	54	2	17	—	27	2	10	—	56
1956	926	885	53	1	21	—	22	—	10	1	54
1957	714	433	38	2	18	1	15	1	5	—	40

OPERATIVE TREATMENT FOR ADENOIDS AND CHRONIC TONSILITIS

129 children in maintained schools were known to us to have had their adenoids and/or tonsils removed in 1957, i.e. 1.2% of the school population. We believe this to be an estimate very close to the facts.

Year	No. of Operations	School Population	Operations per 100 Children
1957	129	10,700	1.2
1956	91	10,515	0.9
1955	140	10,306	1.4
1954	155	9,986	1.6
1953	121	9,682	1.2
1952	168	9,272	1.8
1951	213	8,930	2.4

63 school children (33 boys and 30 girls) were known to the department as awaiting tonsil and/or adenoid operation on 31.1.58.

TONSIL AND/OR ADENOID OPERATIONS, 1957

<i>Age at Operation</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
5 years	6	8	14
6 „	20	19	39
7 „	19	8	27
8 „	8	9	17
9 „	4	9	13
10 „	2	6	8
11 „	2	6	8
12 „	—	—	—
13 „	1	1	2
14 „	—	—	—
15 „	1	—	1
TOTAL	63	66	129

During 1957, 515 children—420 out of 3,505 seen at periodic medical inspections (267 boys and 153 girls) and 95 out of 634 examined at additional periodic medical inspections (44 boys and 51 girls) were recorded as having had tonsillectomy—i.e. 12% of those examined.

The table below shews the sex and age groups of those children found at periodic medical inspections to have had tonsillectomy.

Age Groups Examined

5 YEARS			8 YEARS			11 YEARS			14 YEARS			15 YEARS			17 YEARS			TOTAL		
B.	G.	No. Exd	B.	G.	No. Exd	B.	G.	No. Exd	B.	G.	No. Exd	B.	G.	No. Exd	B.	G.	No. Exd	B.	G.	No. Exd
10	9	891	58	55	1073	103	55	786	87	34	638	—	—	75	9	—	42	267	153	3505
19=2%			113=10%			158=20%			121=19%			Nil			9=21%			420=12%		

AUDIOMETRIC TESTING

During 1957, 38 children (18 boys and 20 girls) were given audiometric tests as a result of either the teacher's request or medical examination (periodic inspections, etc.). All were examined by a school doctor to ascertain if possible any cause for deafness; some children shewed quite a severe hearing loss. The table set out below shews the medical officers' recommendations :

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Referred to Ear, Nose and Throat Specialists	3	4	7
For observation	6	8	14
Referred to family doctor	—	1	1
Not deaf enough to require action	9	7	16
TOTALS	18	20	38

Recommendations of the Ear, Nose and Throat Specialists :—

- (a) 1 (girl) — examination under anaesthetic — still undergoing treatment.
- (b) 1 (girl) — tonsils and adenoids operation — hearing subsequently normal.
- (c) 4 (3 boys and 1 girl) — no active medical treatment considered necessary.
- (d) 1 (girl) — failed to attend — has left school.

None was referred for educational treatment in a school for the deaf.

YEAR ENDING 31st DECEMBER, 1957 REPORT OF THE PRINCIPAL DENTAL OFFICER

(J. B. Clark, L.D.S., R.C.S., (Edin.))

During the year a higher number of children were systematically inspected than ever before, involving 76% of the children in 41 out of the 45 school departments in the city. For the second time within the history of the department over 6,000 fillings were completed.

There were signs of improvement in the oral hygiene of the children ; for example in one school inspected all the children had clean mouths except one who was suffering from a mouth infection (aphthous stomatitis). Several other schools inspected had only a very few children who hadn't cleaned their teeth. Much can be achieved by lessons on oral hygiene in school.

The new dental clinic was opened at Tin Lane, St. Thomas on the 4th March, 1957 and many parents have expressed their appreciation. The children on the west side of the town no longer need to cross the busy Exe Bridge to go for dental treatment.

Staff changes and illness during the year forced us to close Tin Lane clinic during July, and in the mornings during November and December. Nevertheless, we had three full-time dental officers (one short of establishment) and it was hoped to recruit a fourth dentist early in 1958. We were happy to welcome back Mr. M. Radford, B.A., L.D.S., R.C.S., (ENG.).

Miss E. Rose, dental chairside assistant, who had been with the dental department since 1942, died in August after an illness of several months. She will be long remembered for her gentleness and kindness.

Dental Inspections

The number of children inspected in school was 8,093 (as compared with 5,601 in 1956) ; 61% were found to require treatment. The number inspected in the clinics as "specials" was 1,565, these being children who have toothache or desire treatment and advice. As is our normal custom, children were inspected only so fast as we could treat them.

Age Distribution of Children Inspected and Referred.

Age in years.	Udr.	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
No. inspected in schools ...	34	264	491	604	822	1065	1070	1048	703	724	621	378	138	70	61	8,093
No. referred for treatment ...	13	119	240	311	472	659	662	701	472	464	433	249	74	41	36	4,946

Number of "Special" Examinations (i.e., "Casuals") = 1,565
(See also Table V, page 62).

Treatment

The number of fillings done in permanent teeth was 5,554 and in temporary teeth 511. Fillings in 1956 numbered 4,405 and in the year before, 4,684.

The total number of extractions was about the same as in the previous year, but there was an increase in extractions of permanent teeth. Nevertheless the ratio of permanent teeth filled to extracted was somewhat higher and therefore better than in the previous two years.

Among the "other operations" (listed in Table V) were the following: 278 children had their teeth scaled, and 44 dental x-rays were taken.

Orthodontia

More orthodontia was undertaken than in the previous year. At the beginning of the year 105 cases were being treated, 76 new cases were added and 75 were completed, leaving 106 still under treatment at the end of the year. 90 appliances were fitted during the year. There is a gradually increasing interest being taken by parents in the regulation of their children's teeth.

General Remarks

Sweets were the subject of some discussion at the annual general conference of the British Dental Association. One speaker pointed out how the small hard sweet shaped like an "O" is held by some children between the teeth and the lip, producing a most destructive type of decay whereby the whole anterior surface of the front teeth breaks down. Teeth decayed in this manner are very difficult to fill. For two pennies a child can get sufficient of these sweets to keep one in the mouth most of the day. In the patients who had this form of decay in Exeter it was also noticeable that they did not brush their teeth, so it is the combination of bad oral hygiene and such continuous sweet sucking that is dangerous to the teeth. A partial remedy is in our hands if we encourage tooth brushing.

Dental anaesthetics in the past have mainly been given by Dr. J. Smith and Dr. B. Hinde. Both have retired and I would like to thank them for their services in the past and to wish them a happy retirement. Dr. G. M. Higgins was appointed, in place of Dr. B. Hinde in May and her help has been much appreciated.

I would also like to thank the head teachers and their staffs for their co-operation, which is very important to us, during the year.

Dental Clinics

				<i>Attendances</i>		
				1955	1956	1957
Central Clinic, 1a Southernhay West	....			4,762	4,735	4,832
Whipton Health Clinic	....	....	....	2,273	1,550	2,365
St. Thomas Clinic	....	....	....	—	—	1,347
TOTALS	....			7,035	6,285	8,544

CLEANLINESS

EXAMINATIONS IN SCHOOLS are carried out by the nurses under the arrangements outlined in my previous reports.

The total number of children in the schools at the end of the year (estimated 17th January, 1958) was 10,700. The cleanliness examinations numbered 18,370. The number of individual children found to have nits or vermin in the hair at these examinations was 152 (112 girls and 40 boys) giving an overall rate of 1.4% (2.2% among the girls and 0.7% among the boys). These findings are a further improvement on last year when 177 children (132 girls and 45 boys) out of a school population of 10,515 were found affected. Of the 152 children, 41 (32 girls and 9 boys) were found infested more than once (after allowing a reasonable interval for cleansing) during the year. This is 16 fewer than last year. It is worth noting that 46 of the children concerned had been found unclean in the previous year.

A single nit is regarded as making the child's head unclean. "Sacker" combs are available on loan and for sale at reduced prices; supplies of preparations containing modern insecticides are provided free of charge. No compulsory cleansing was carried out under Section 54(3) of the Education Act, 1944, and no prosecutions were undertaken.

TABLE SHOWING INDIVIDUAL CASES OF UNCLEAN HEADS
FOUND IN 1957 BY AGE GROUPS.

AGE (at 31.12.57)	HEADS FOUND UNCLEAN					
	TABLE A.				TABLE B. No. of Children in Table A. also found Unclean in 1956	
	ONCE ONLY		MORE THAN ONCE		Boys	Girls
	Boys	Girls	Boys	Girls		
Under 5 years	2	4	1	2	—	1
5	2	3	—	2	1	—
6	1	11	2	—	—	1
7	7	9	5	6	5	3
8	4	11	1	6	—	10
9	5	11	—	5	—	7
10	4	7	—	7	—	5
11	2	7	—	—	—	3
12	—	5	—	2	—	2
13	—	7	—	—	—	4
14	1	3	—	1	—	2
15	—	2	—	1	—	2
TOTAL	31	80	9	32	6	40

TOTAL 152 (1957) = 1.4% of all school children.

SCHOOL CLINICS

The location of the school clinics and the attendances were as follows :

	<i>Attendances</i>		
	1955	1956	1957
Central Clinic, 1A Southernhay West	2,628	2,107	1,577
Western Clinic, Buddle Lane Community Centre, Merrivale Rd., (closed 31.12.56)	854	1,211	—
Eastern Clinic, Burnthouse Lane Community Centre, Shakespeare Road	3,068	3,218	3,137
Whipton Health Clinic	1,548	1,675	1,086
Stoke Hill Clinic	2,629	2,743	2,691
TOTALS	10,727	10,954	8,491

The above clinics serve both as minor ailment clinics and inspection clinics; general medical consultations in the central clinics are not included above.

The central school clinic is open every week-day (excluding public holidays) all the year round. The branch clinics are open every school-day during the terms. The overall attendance shews a decrease of nearly 2,500 ; only at the Eastern Clinic (which is within easy reach of 4 schools totalling 1,250 children) and Stoke Hill Clinic (which is the only one within a school) are attendances comparable with previous years.

The question of usefulness of minor ailment clinics is now under constant consideration. The overall costs are comparatively

low and one hesitates to advocate closing these clinics as they are useful to some children who might not otherwise get the treatment they need ; they also save children travelling long distances for treatment, thereby reducing the loss of school time.

Ringworm and impetigo are now rare, warts and minor injuries are the commonest conditions treated at the clinics. There is no doubt that the " minor ailments " are no longer the problem they were, an evidence of the rising standard of care of children, and the rising level of general physical health.

TABLE SHOWING THE INCIDENCE OF " MINOR AILMENTS " TREATED DURING 1957 IN CLINICS.

DEFECT	Central	Eastern	North- ern	Stoke Hill	GRAND TOTAL 1957	GRAND TOTAL 1956
Ringworm : Scalp	—	—	—	—	—	2
Body	1	2	—	—	3	3
Eye Defects	18	61	20	22	121	192
Ear Defects—(including wax, otorrhea, etc.)	73	72	44	16	205	299
Nose and Throat Defects	18	26	10	2	56	82
Impetigo	8	5	2	3	18	31
Warts : Plantar	19	21	14	5	59	59
Other	37	44	40	31	152	145
Other skin conditions	96	63	35	20	214	217
Miscellaneous—(Minor Injuries, etc.)	252	453	175	560	1,440	1,507
Total No. of individual children	522	747	340	659	2,268	2,537
Total No. of attendances	1,577	3,127	1,086	2,691	8,491	10,954
Total No. of sessions	307	201	201	201	910	1,111

When a child has been treated at the one time for more than one defect the more important has been listed.

**TABLE SHEWING THE NUMBER OF HANDICAPPED
PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT
31st JANUARY 1958.**

DISABILITY	Total No. of children classified as handi- capped as at 31-1-58	SPECIAL SCHOOL OR HOME	RESD.		NON RESD.		Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
			B.	G.	B.	G.		
BLIND	2	Sunshine Home, Abbotskerswell	1	—	—	—	2	—
		Royal School of Industry for the Blind, Bristol	1	—	—	—		
PARTIALLY SIGHTED	11	West of England School for the Partially Sighted, Exeter	—	1	6	4	11	—
DEAF	2	Royal West of England School for the Deaf, Exeter	—	—	2	—	2	—
PARTIALLY DEAF	9	Royal West of England School for the Deaf, Exeter	3	1	3	2	9	—
PHYSICALLY HANDICAPPED	41	Heathercombe Brake School, Manaton	1	—	—	—	2	1
		Dame Hannah Rogers Sch. for Spastics, Ivy- bridge	—	1	—	—		
EPILEPTIC	1	Chalfont Colony, Bucks	—	1	—	—	1	—
EDUCA- TIONALLY SUBNORMAL	224	St. Christopher's School, Bristol	1	—	—	—	14	82*
		Bradfield Special School, Devon	2	—	—	—		
		Wokingham High Close School, Berks	—	1	—	—		
		St. Thomas More's School, Devon	2	—	—	—		
		Withycombe Hse. Special Sch., Exmouth, Devon	—	6	—	—		
		Kingsdon Manor Special School, Bristol	1	—	—	—		
		Heathercombe Brake School, Manaton	1	—	—	—		
DELICATE	76		—	—	—	—	—	—
MALADJUSTED	135	Finchden Manor, Kent....	1	—	—	—	8	—
		Horncastle Sch., Sussex	1	—	—	—		
		The Gables Hostel, Willand, Devon	—	1	—	—		
		Freesham Heights School, Surrey	1	—	—	—		
		Hillaway, Devon	—	1	—	—		
		Crichel Hostel, Devon	1	—	—	—		
		Mountstephen Hostel, Devon	—	1	—	—		
		Royal Alexandra and Albert School, Surrey ..	—	1	—	—		
DEFECTIVE SPEECH	127		—	—	—	—	—	—
TOTAL	628		17	15	11	6	49	83

*All 82 children recommended admission to a Day Special School.

HANDICAPPED PUPILS

Educationally Sub-normal Pupils

During the year 48 children (23 boys and 25 girls) were examined by the school medical officers in regard to educational subnormality and mental development. Many of them had already been examined by the educational psychologist. The following recommendations were made :

RECOMMENDATION	BOYS			GIRLS			TOTAL	REMARKS
	Inf.	Jnr.	Snr.	Inf.	Jnr.	Snr.		
SECTION 34 : Special education in an ordinary school.	1	5	—	—	6	—	12	5 (3 boys and 2 girls attend adjustment classes).
Education in a special day school.	1	1	1	—	3	1	7	Remained in own schools.
Education in a special residential school.	—	—	—	—	1	—	1	Placed in special school.
SECTION 57 (3) : Permanently excluded from school.	1	—	—	—	—	—	1	Attends Health Committee's (Day) Occupation Centre.
SECTION 57 (4) : Education in ordinary school inexpedient.	—	—	—	—	—	—	—	
SECTION 57 (5) : Notified to Health Services Committee for statutory supervision on leaving school.	—	—	2	—	—	4	6	All placed under statutory supervision.
Not considered to require statutory supervision on leaving school.	—	—	11	—	—	10	21	
	3	6	14	—	10	15	48	
	23			25				

Adjustment Classes. A full account on the progress of these 8 classes was given in last year's report. Unfortunately, it was not found possible to increase the number of these classes during 1957, nor to provide better facilities in those where the conditions were very cramped (Heavitree and Countess Weir). The classes were visited during the year by Dr. A. F. Alford, C.B.E., and Mr. J. Lumsden (of the Ministry of Education).

Ascertainment. Dr. Iris Ward (School Medical Officer) was approved by the Ministry of Education during the year for the ascertainment of educationally subnormal pupils under the regulations.

PHYSICALLY HANDICAPPED CHILDREN.

There are 42 physically handicapped pupils known to the department : (there were 39 in 1956). Their age grouping, sex distribution, mode of education and ability to play games and take part in ordinary physical exercises are set out in the table. Only 1 child (boy—cerebral palsy) for whom residential accommodation was necessary, was awaiting admission to a special school at the end of the year.

SEX		AGE GROUP					EDUCATION					Able to take P.T. and Games	
Boys	Girls	Under School Age	Inf.	Jrs.	Snr.	Under School Age	Not at School	In Special School	In Training College	Ordinary School	Home Tuition	Mod.	Nil.
7	3	—	4	3	3	—	1	4†*	—	5	—	3	7
5	3	—	3	1	4	—	—	—	—	6	2	4	4
1	1	—	—	1	1	—	—	—	—	2	—	—	2
—	1	—	—	—	1	—	—	—	—	1	—	1	—
—	5	—	—	2	3	—	—	—	—	5	—	3	2
—	3	—	—	2	1	—	—	—	—	3	—	2	1
4	4	—	3	2	3	—	—	—	—	6	2	5	3
2	3	—	1	3	1	—	1	—	—	4	—	2	3
19	23	—	11	14	17	—	2	4	—	32	4	20	22
TOTAL													

† 2 children (1 boy and 1 girl) attend the school for the partially sighted, the girl having transport to and from the School ; in addition 2 other children (1 boy and 1 girl) are provided with transport.

* 1 boy also shows major epilepsy.

EPILEPTICS

There are 16 boys and 16 girls who are known epileptics attending ordinary schools in the city; in addition, one girl aged 14 years is in a colony school and one boy aged 9 years is in a residential school for physically handicapped children as he is also a case of cerebral palsy. 5 new cases (4 boys and 1 girl) were reported during the year. Minimum restrictions are placed on the activities of all these children : high gymnastic work and swimming in school parties are however, barred.

Sex	Total	AGE				EPILEPSY			Has been in special school	Attending special school	Have had hospital investn.	Satisfactory medication
		5-7	7-11	11-15	Ov'r 15	Min'r	Maj'r	Both minor and major				
Boys	17	3	7	7	—	8	8	1	—	1	17	17
Girls	17	1	8	8	—	9	6	2	2	1	17	16

INTELLIGENCE QUOTIENT.						
			60-70	70-85	85 and over	Apparently not retarded
Boys	...	...	—	—	3	14
Girls	...	...	2	2	3	10

The incidence of epilepsy is now held to be about 4 per 1,000 persons. The known incidence in the city school children is 3.2 per 1,000. It is gratifying to know that only 1 out of the 34 cannot be accommodated in the ordinary school. The other child who is in a special school is there primarily because of his spastic condition : modern treatments and enlightened attitudes (not least on the part of the teachers) makes this practicable.

Medical Examination of Entrants to Courses of Training for Teaching and to the Teaching Profession — Ministry of Education Circular 249

In accordance with instructions contained in the above Circular, 49 students (28 women and 21 men) and 1 teacher (woman) had complete medical examinations with radiographic examinations during the year in regard to their fitness for the teaching profession.

TUITION IN HOSPITALS

The following Exeter children were receiving education in hospital on the 31st January, 1958 ; the total cost of this service for the year ended 31.3.57 was £96.

	BOYS				GIRLS				TOTAL
	5-7	8-10	11-14	Over 15	5-7	8-10	11-14	Over 15	
Royal Devon and Exeter Hospital Exeter. (General Hospital).	—	—	—	—	—	—	1	—	1
City Hospital, Heavitree Rd., Exeter. (General Hospital).	1	—	1	—	—	—	—	—	2
TOTAL ..	1	—	1	—	—	—	1	—	3

There are Hospital Special Schools in the Princess Elizabeth Orthopaedic Hospital and Angela Home (12 children attending) and also Honeylands Children's Sanatorium (14 Exeter children).

HOME TUITION

During the year, 7 new cases and 2 cases continuing from last year received home tuition arranged by the authority under Section 56 of the Education Act, 1944.

New Cases :

- tuberculous foot (1 boy) ;
- tuberculous meningitis (1 boy) ;
- pulmonary tuberculosis (1 boy) ;
- congenital hydrocephalus (1 boy) ;
- spina bifida (1 girl) ;
- erythema nodosum (1 girl) ;
- acute nephritis (1 girl).

4 of these children were able to resume normal schooling after a period of home tuition.

Old Cases :

- multiple congenital defects (1 girl)
- congenital heart disease (1 boy).

The total cost of this service for the financial year ended 31.3.57 was £664.

TRANSPORT

Transport for ambulant handicapped children attending schools in the city continued during 1957. It was provided for 2 new cases during the year and continued for 4 children (3 girls and 1 boy) from 1956. In 2 cases it was continued throughout the whole year—because of spastic paralysis.

CHILD GUIDANCE REPORT FOR 1957

(Report by Dr. H. S. Gaussen Psychiatrist-in-charge).

Ever since this Child Guidance Centre was established in October, 1947, it has been my privilege to contribute to the Principal School Medical Officer's Annual Report on School Health. The figures of attendances, etc. do not show the range of human problems which we see and it might be of interest if I survey two patterns frequently cropping up in our experience.

The problem of the adopted child who does not fit into the adopting environment comes first to mind. To get a true perspective we have to remember we do not see the successful adoptions but we do see plenty of unsuccessful ones. The failures lead to all sorts of symptoms, including much stealing and other anti-social acts. Emotional development is twisted or stunted so that the child can never become a full adult. The causes of failure are many and some failures are inevitable, but some could be prevented by foresight and some by giving greater value to relationship between adopting parent and child. For instance, it is asking for trouble if the parents when they adopt a child are too old to see the task through. Parents in the seventies just have not got the mental or physical energy to cope with adolescents—they need it all to look after themselves. Or, again, adoption may be used for the parents' own ends, so that they may have a child of their own—e.g. because they have heard adoption leads to fertility. The fate of the adopted child is grievous indeed, as it learns that it was taken for its brother's sake. Jealousy and rage may eat such a child up, and feelings of being unwanted for its own sake may lead to tragic reprisals. The adopted child must be accepted wholeheartedly, and for himself; his curiosity must be satisfied and complete sincerity must be the aim in the relationship.

Next, the problem of the child unable to use his natural endowment of brains has interested us. Mrs. Lewis in her work as educational psychologist in the schools has found children of average or higher intelligence quite unable to profit by instruction, so that they cannot read, for instance, when all their contemporaries are able to do so. Such children feel very inferior and show nervous symptoms or abnormal behaviour as a consequence. Each case has to be investigated on its own merits, but we are beginning to see how energy may never reach the school, to be used there in learning, but be held in a vicious circle in the home. Quarrels between parents for instance may so upset the emotional balance of the child and so preoccupy his mind that he cannot clear his thoughts for his lessons. He is blamed for not trying, or for not concentrating, whereas the truth is that he is out of relationship with what is going on in the class because of the turmoil within himself. To learn we must be secure.

These examples of the human problems behind our statistics are but lightning sketches. They could be amplified indefinitely, but I trust enough has been said to show what very real urgent cases are referred for Child Guidance.

**CHILD GUIDANCE CENTRE—
STATISTICAL RETURN FOR 1957**

TABLE A

1.	Number of cases on the books on 31st December, 1956	122
2.	Number of cases awaiting investigation on 31st December, 1956	9
3.	Number of cases investigated but awaiting treatment on 31st December, 1956	29
4.	Number of new cases referred during 1957	85
	<i>Source of Reference :</i>	
	(a) Juvenile Court	1
	(b) School Medical Officers	18
	(c) Private Doctors	8
	(d) Head Teachers	18
	(e) Parents	17
	(f) Others	23
5.	Number of old cases re-opened during 1957	5
	1 Case re-opened because father had been unwilling previously for the child to attend, gave his permission.	
	1 Child (adopted) requested help with mother.	
	1 Child showed further symptoms after birth of baby.	
	1 Child had emotional difficulty in attending new school.	
	1 Mother requested further help.	
6.	Number of new cases investigated during 1957	67
7.	Number of other cases investigated during 1957	5
	<i>Summary of Recommendations :</i>	
	Diagnosis and advice only needed	7
	Periodic survey and superficial treatment	13
	Residential placement advised	2
	Immediate long term treatment by Psychiatrist	2
	Immediate long term treatment by Psychologist	2
	Immediate long term treatment by Psychiatric Social Worker	4
	Placed on treatment waiting list	31
	Placed on treatment supervision list (After 1—4 interviews)	10
8.	Number of cases treated for the first time during 1957	55
9.	Total number of children seen during 1957	194
10.	Total number of attendances during 1957	1,010
11.	Total number of cases discharged during the year	72
	<i>Reason for Discharge :</i>	
	(a) Treatment completed (see below)	46
	Satisfactory	13
	Improved	32
	No change	1
	Worse	—
	(b) Unsuitable for treatment	1
	(c) Defaulted	3
	(d) Left city	7
	(e) Other reasons	15

12.	Number of cases remaining on the books on 31/12/57	135
13.	Number of new cases awaiting investigation on 31/12/57	14
14.	Number of new cases investigated but awaiting treatment on 31/12/57	33

N.B.—9 cases were closed after investigation or whilst awaiting treatment.
6 cases were closed before investigation was completed.

The average waiting period after investigation before systematic treatment was commenced was 5 months (the range being 1 to 17 months).

TABLE B

Total number of sessions :	Psychiatrist	....	(4 per week)
	Psychologist	....	(4 per week)
	Psychiatric Social Worker		(Full time)

INTERVIEWS :

PSYCHIATRIC.

(i)	Diagnostic	....	....	....	69
(ii)	Parents and others	....	....	....	197
(iii)	Remedial treatment	....	....	....	438
(iv)	Home Visits	....	....	....	—
(v)	Other Visits	....	....	....	2

PSYCHOLOGIST.

(i)	Diagnostic and testing	....	....	....	65
(ii)	Parents and others	....	....	....	156
(iii)	Remedial treatment	....	....	....	387
(iv)	Visits	....	....	....	37
	(a) To school visits (re C.G. cases only)				32
	(b) Home Visits	....	....		5

It is customary for the Psychologist when visiting any school for educational purposes, to enquire briefly after all Child Guidance cases in the school.

PSYCHIATRIC SOCIAL WORKER.

(i)	Therapeutic interviews at Centre	....	....	747
(ii)	Remedial treatment	....	....	199
(iii)	Visits	....	....	115
	(a) School Visits	....	....	1
	(b) First Visits to homes	....	....	55
	(c) Subsequent Visits to homes	....	....	62
(iv)	Other Visits	....	....	23
(v)	Interviews with other Social Workers	....	....	42

CHILDREN UNDER TREATMENT ON 31/12/57.

Regular treatment by Psychiatrist	....	11
Regular treatment by Psychologist	....	10
Regular treatment by Psychiatric Social Worker	....	5
Treatment waiting list Psychiatrist and Psychologist	....	33
Superficial treatment by Psychiatrist	....	8
Superficial treatment by Psychologist	....	2
Survey whilst residentially placed	....	—
Kept open, but no active treatment at present	....	53

SPEECH THERAPY REPORT

(Report by Miss J. A. Jackson L.C.S.T.)

Speech is a familiar function which the average person, never having had speech difficulty, tends to take for granted. We seldom think how it comes to us, how it develops in the growing child, and what physical and mental processes are concerned in it. It is only when we come across a speech defect, and try to ascertain what is wrong, and still more when we try to put it right, that we realise how complex is speech development.

Baby talk and Dyslalia

"Baby talk" when the child cannot make all the sounds in his language, is a normal stage in speech development, but should be left behind by the time he is four or five years. At this stage, the centres controlling the speech functions are being trained: the continual hearing of sounds gradually trains the auditory (hearing) area of the brain to appreciate differences in sounds, whilst the early attempts at imitations train the motor centre concerned with movements of lips and tongue. These two centres work together: the child, helped by the corrections, and repetitions of those around him begins to realise that his pronunciation "lelo" for "yellow" and "tum" for "come" is not correct, and he tries other ways of saying them until he finds one that sounds right. Thus faulty reproduction of sounds decreases, until no trace of baby talk remains.

If the child is in a poor environment for speech, or is insecure, the stage of baby talk may be prolonged, there remaining anything from a lisp, as in simple dyslalia (substitution of one sound for another), to unintelligible speech caused by many wrongly articulated consonants in the worst cases.

There still seems to be doubt in some schools I have visited, as to when a child requires therapy for dyslalia. Many children will benefit greatly from their first term or two at school, but, if after this, the defect still persists, advice should be sought. Children with indistinct speech, but no real defect do not need treatment nor those with the very common substitution of (f) for (th) and no other defect. "Accents" and dialect are no justifications for any form of speech therapy in a medical sense.

Stammering

It will be noted that as might be expected dyslalia is more commonly found in the younger children; stammering is as is well known, rare among girls and more frequently found in the older than in the younger boys. Known stammerers are all admitted for treatment: at the end of the year there were 8 on the waiting list. It will be seen from the tables, that stammering is less prevalent in infants and inquiry may be made as to the cause of this.

Stammering occurs in two stages, a primary and a secondary stage. The primary stammerer reacts unconsciously and auto-

matically to his blocks, accepting them as his normal way of speaking. These symptoms appear when the child is in a state of developmental confusion. If this is regarded as a normal stage in learning to speak, i.e. he is kept in the primary stage, these symptoms will disappear with maturation. This occurs with most children, and is why there are fewer infants requiring treatment for this disorder. Treatment of the primary stammer if still evident in the infant school may be regarded as essentially preventive, observing the child and advising the parents about their handling of the situation.

The secondary stage is reached when the child becomes aware of having a stammer. He develops a fear of the speaking situation, and social maladjustment usually follows. A nervous child, who has not passed through the primary stage unscathed, may develop a secondary stammer on going into the junior school, though this may not have been evident in the infants school. I think this is because he has more to contend with as a junior—a new school and new friends, he is learning more, and he is more aware of himself in his relations with others; later there are often anxieties over the 11 plus examination. In the senior school there is the added lack of confidence experienced in adolescence. Where there is nervous instability all these factors are contributory, and are detrimental to fluent speech.

In treating a junior stammerer, parents are seen and advised how best to deal with the situation. In the clinic, rhythmic work in speech and movement is practised, and exercises in breathing and relaxation are given. Junior stammerers often find reading difficult, so this too is practised. A senior stammerer is helped to admit he has a stammer, to speak freely of it, and not to hide behind it. Difficulties are discussed, and analysis made of why they occur, and in what circumstances. Tasks involving the speaking situation are given to be carried out outside the clinic. Relaxation, and correct breathing for speech, is practised.

Group treatment was commenced during the year for a number of pairs of dyslalic, and stammering children with very good results. Both stammerers and dyslalics, seen formerly singly, participated far more readily in speech work in company with another child and made more progress in less time. One child, particularly, has benefited from this form of treatment. Referred at 6 years for very defective articulation, he was regarded by his family as their bright boy, the other 3 children all having attended a special school. At his school this little boy was reported to speak hardly at all, or with one-word answers and even then indistinctly. His attainment levels were very poor and he was quite unable to join in with normal school work. Taken on his own he made little progress at the clinic; often he would not speak at all, no direct speech work was possible, though he enjoyed playing with the toys, and would sometimes speak whilst at play, but not usually if required to do so. Taken for the past nine months, with another brighter boy with similar defect, there has

been a vast improvement both in the clinic and at school, and he was fit to be temporarily discharged at the end of the year.

Speech recording

Speech recording sessions have continued during the year. Most dyslalic children have been able to hear their speech, as have some stammerers. Subsequent recordings have been made and compared with earlier ones.

Co-operation with Child Guidance Team

Two speech therapy cases (1 of stammering and 1 of multiple dyslalia) have been referred to the Child Guidance Centre during the year; the latter case when sent for admission was found to require child guidance rather than treatment for speech. Three children have been referred by the Child Guidance Centre for speech therapy; one with simple dyslalia, and two physically handicapped children with speech difficulty.

Review

As may be seen from the figures given below, 150 children received treatment during the year; 64 were discharged cured, 4 left before treatment was completed, and of the remaining 82, only 8 did not improve as a result. Cases when ready for discharge, are discharged temporarily at first; if after a period of six months, good speech has been maintained, the child is finally discharged. If a lapse has occurred, he is re-admitted for regular treatment, or put under observation for a further period. This procedure makes review of cases discharged in the previous year unnecessary, except in regard to stammerers. Two such, both senior boys, were re-admitted during the year.

A party from a Townswomen's Guild, and a prospective speech therapy student, have visited the clinic during the year.

Analysis of the cases treated during the year and their progress:

DEFECT	Having treatment 1-1-57	Admitted	Total No. treated	DISCHARGED		STILL ON LIST				Remaining under care 31-12-57	Waiting List at 31.12.57
				Cured	Left before treatment complete	Under observation	Regular Attendance	Improved	No change		
Stammering	24	15	39	14	—	13	12	23	2	25	8
Simple Dyslalia	10	10	20	13	—	4	3	6	1	7	19
Multiple Dyslalia	37	22	59	31	2	10	16	22	4	26	11
General Dyslalia	6	9	15	3	—	3	9	12	—	12	3
Language Defects	1	2	3	—	2	—	1	1	—	1	—
Dysphonia	1	—	1	—	—	—	1	1	—	1	—
Dysarthria	2	—	2	—	—	2	—	1	1	2	1
Cleft Palate	3	3	6	1	—	1	4	5	—	5	—
Hyper-rhinophonia	4	—	4	2	—	2	—	2	—	2	—
Lip Reading	1	—	1	—	—	—	1	1	—	1	—
TOTALS	89	61	150	64	4	35	47	74	8	82	45

Analysis of the cases treated during the year (Grouped by age, sex and defect).

DEFECT	Total treat- ed.	PRE-SCHOOL		INFANTS		JUNIOR		SENIOR		Severely handicapped children not at school	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stammering	39	—	—	2	—	13	3	20	1	—	—
Simple Dyslalia	20	—	—	6	3	6	3	1	1	—	—
Multiple Dyslalia	59	1	—	28	7	16	5	1	1	—	—
General Dyslalia	15	3	1	8	1	2	—	—	—	—	—
Language Defects	3	1	1	—	—	—	1	—	—	—	—
Dysphonia	1	—	—	—	—	—	—	—	1	—	—
Dysarthria	2	—	—	—	—	—	—	—	—	—	2
Cleft Palate	6	1	1	1	—	1	2	—	—	—	—
Hyper-rhinophonia	4	—	—	—	—	2	2	—	—	—	—
Lip Reading	1	—	—	—	—	—	1	—	—	—	—
TOTALS	150	6	3	45	11	40	17	22	4	—	2

In Dyslalia one sound is substituted for another.

In Dysphonia the pitch of the voice is affected.

In Dysarthria there is difficulty in articulation.

In Hyper-rhinophonia the speech is excessively nasal.

INFECTIOUS DISEASES

Incidence of certain Infectious Diseases other than Tuberculosis in 1957 in children (Exeter Residents) 5-15 years of age.

(Corrected for change of diagnosis).

DISEASE						BOYS	GIRLS
Scarlet Fever ...	....	....	....	....	....	46	59
Whooping Cough ...	...	....	....	....	....	33	35
Measles ....	....	....	....	....	....	18	17
Pneumonia ....	....	....	....	....	....	5	4
*Gastro-enteritis ....	....	....	....	....	....	2	—
Dysentery ....	....	....	....	....	....	—	—
Food Poisoning ...	...	....	....	....	....	1	1
Poliomyelitis (Paralytic) ....	....	....	....	....	....	1	—
(Non-Paralytic) ....	....	....	....	....	....	2	2
Meningococcal Infection ....	....	....	....	....	....	—	—
Diphtheria ....	....	....	....	....	....	—	—
Erysipelas ....	....	....	....	....	....	—	1

*Not notifiable : cases are known to the department by informal notification.

SCABIES

YEARLY INCIDENCE OF SCABIES, 1951 - 1957.

Year.	Families.	Cases.	School Population.
1957	—	—	10,700
1956	1	2	10,515
1955	4	8	10,306
1954	—	—	9,986
1953	1	2	9,682
1952	4	6	9,272
1951	4	13	8,930

TUBERCULOSIS

School Children (5-15 years of age) suffering from Tuberculosis
whether in Maintained or Independent Schools.

On Register as at 1st January, 1957.

	Pulmon-ary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending main- tained primary and sec- ondary schools	33	15	—	6	3	1	1	—	2	1	39	23
Children attending special schools	1	2	—	—	—	—	—	—	—	—	1	2
Attending independent schools	1	1	—	—	—	—	—	—	—	—	1	1
Children in Hospital ...	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	35	18	—	6	3	1	1	—	2	1	41	26

Changes during 1957.

	Pulmon-ary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
New notifications during 1957	7	3	—	—	1	1	—	—	—	1	8	5
Inward transfer	1	—	—	—	—	—	—	—	—	—	1	—
Notified children reach- ing school age during the year	3	1	—	—	—	1	—	—	—	—	3	2
TOTALS	11	4	—	—	1	2	—	—	—	1	12	7
Cases leaving school dur- ing the year	3	3	—	1	1	—	—	—	—	—	4	1
Outward transfer ...	—	1	—	—	—	—	—	—	—	—	—	1
Cases removed from reg- ister	—	2	—	—	—	—	—	—	—	—	—	2
TOTALS	3	6	—	1	1	—	—	—	—	—	4	7

On Register at 31st December, 1957.

	Pulmon-ary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending main- tained primary and sec- ondary schools	41	14	—	5	3	3	—	—	2	1	46	23
Exeter children attending Honeylands Special Sch.	—	—	—	—	—	—	—	—	—	—	—	—
Attending independent schools	1	1	—	—	—	—	—	—	1	—	1	2
Children in Hospital	1	1	—	—	—	—	1	—	—	—	2	1
TOTALS	43	16	—	5	3	3	1	—	2	2	49	26

I am indebted to Dr. R. P. Boyd, Chest Physician, for the following notes on notifications and contact tracing :

New Notifications—Respiratory

The number of new respiratory cases diagnosed during the year (10) is an increase on last year's figure (7). One case, however, was a re-notification of a patient who had been notified towards the end of 1956 as suffering from T.B. meningitis, and who was found on admission to the Isolation Hospital to have lung disease also. Of the remaining 9 children 3 were found to have a positive sputum, 3 were cases of pleural effusion and 3 were in the nature of primary infections. All were admitted for treatment and all have responded well to chemotherapy. Only 2 children remain in hospital, the others now being under supervision as outpatients at the chest clinic.

Non-Respiratory

The slight increase in respiratory cases this year has been off-set by a decline in non-respiratory cases (2 cases compared with 4 in 1956). One further case was notified in point of fact as suffering from T.B. cervical adenitis, but subsequent examination at the Chest Clinic revealed a pleural effusion, and this case is, therefore, included as a new respiratory case and not as a case of cervical adenitis. Both new cases were admitted to hospital; tubercle bacilli were cultured from an abscess in one of them; the other child is still under treatment. There were no notifications of T.B. meningitis this year.

Deaths

There were no deaths of school-children from tuberculosis during the year.

Contact Tracing, Special Surveys, etc.

- (a) A further check (M.M.R.) of the boys in the grammar school discussed at some length in last year's report was recommended during the year and 3 further cases were referred to the Chest Clinic. One of these was found to have a negative mantoux re-action; one was undoubtedly a case of healed primary pulmonary tuberculosis who is to remain under observation as a contact of an aunt who has been a case of pulmonary tuberculosis, but the third was found to be suffering from active disease and was admitted for treatment. Family examinations revealed that the father was also a previously unknown case of active disease, sputum positive, and he too was admitted to hospital.
- (b) Routine examinations of the family contacts of a newly notified case of miliary tuberculosis proved negative, and it was decided that the staff and children of the school which the patient attended (a boys secondary modern school) should also be examined by means of Mass Radiography. As a result of this 2 cases were referred to the Chest Clinic—one of these, an adult on the staff, was found to be a case of

chronic bronchitis only but the second, a boy aged 12 years, was found to be suffering from active pulmonary tuberculosis, with positive sputum. He was admitted for treatment and is now under clinic supervision. The boy's father was invalided from H.M. forces some years ago and had attended the Chest Clinic, as a case of pleural effusion, but there was no evidence of re-activation of the disease in his case.

- (c) Following the discovery that a lecturer was suffering from active pulmonary tuberculosis, sputum positive, the staff and pupils of a further education establishment were examined by Mass Radiography but nothing of significance was found.
- (d) X-ray examination of the pupils of a girl's grammar school was carried out during the year because of a case of erythema nodosum in a girl attending the school—a condition which is generally held to be tuberculous. One girl was referred to the Chest Clinic but this proved irrelevant to the case in question, and a source of infection was subsequently discovered in the patient's own family.
- (e) Following the notification of a case of tuberculous pleural effusion in a boy his family contacts were examined and found to be perfectly healthy. Re-examination by tuberculin testing and M.M.R. of the pupils and staff of the school attended (a junior boys' school) was, therefore, advised, and as a result 6 further cases were referred to the Chest Clinic. None of these appeared relevant and 5 of them had negative mantoux tests.
- (f) Routine examination of the family contacts is, of course, carried out in respect of all new notifications of tuberculosis, both pulmonary and non-pulmonary. The importance of these contact examinations is obvious, and in relation to two of the notified child-cases this year, a parent has been found by this means to have active disease. In two further cases the examination of children because a parent was known to have active disease has revealed the presence of active disease in the child also. In three other cases (new notifications) a history of tuberculosis in the family was discovered, but not in the immediate household contacts.

Mass Miniature Radiography

During 1957, 2,087 children (1,291 boys and 796 girls) were known to us as having attended for mass miniature radiography (these figures include 850 children, born 1944, x-rayed under our B.C.G. programme). I am grateful to Dr. P. W. T. Hollis, Director of the M.M.R. Unit, for his enthusiastic co-operation in regard to tuberculosis control.

1957 B.C.G. Vaccination Programme

This work was again carried out on similar lines as in previous years, viz. : mass miniature radiography, tuberculin testing and where necessary B.C.G. vaccination and post vaccinal tuberculin testing of children born in 1944; no complications were experienced. 13% of all the children in this group were tuberculin

TABLE A.

SUMMARY OF SURVEY RE PREVENTION OF TUBERCULOSIS ON CHILDREN BORN DURING 1944 ATTENDING EXETER SCHOOLS.
 (A) Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin. (B) Using Mantoux Test and P.P.D. Tuberculin.

(A) Using Heaf's Multiple Puncture Apparatus and T.T.B. Tuberculin																						
SCHOOLS				Method	No. of Consent Forms sent out	No. accepted ALL the tests	Referred to Chest Physician	* Absent for Test	Actual No. given diagnostic Tuberc. Test	Result of Tuberculin Test		B.C.G. Vaccination		Post Vaccination Tuberculin Test			Ulcers	M.M.R. X-Ray				
										Positive	Negative	Inoc.	Absent	Positive	Negative	Absent	Over 10 mms.	Satis.	Not Satis.	* Absent	Obs.	
L.E.A. :	Girls	....	....	" A "	474	367 (77%)	2	16	349 (95%)	44 (13%)	305 (87%)	302	3	294	1	7	—	264	—	101	—	
	Boys	....	....	" A " & " B "	561	467 (83%)	11	17	439 (94%)	63 (14%)	376 (86%)	374	2	358	—	16	—	366	—	95	2	
TOTAL L.E.A. SCHOOL CHILDREN				....	" A " & " B "	1,035	834 (81%)	13	33	788 (94%)	107 (14%)	681 (86%)	676	5	652	1	23	—	630	—	196	2
INDEPENDENT :	Girls	...	....	" A " & " B "	195	159 (82%)	2	16	141 (89%)	15 (11%)	126 (89%)	126	—	124	—	2	—	145	—	12	1	
	Boys	...	....	" A " & " B "	141	108 (77%)	1	7	100 (93%)	11 (11%)	89 (89%)	89	—	85	—	4	—	85	—	23	—	
TOTAL INDEPENDENT SCHOOL CHILDREN				....	" A " & " B "	336	267 (79%)	3	23	241 (90%)	26 (11%)	215 (89%)	215	—	209	—	6	—	230	—	35	1
GRAND TOTAL, 1957				....	" A " & " B "	1,371	1,101 (80%)	16	56*	1,029 (93%)	133 (13%)	896 (87%)	891	5	861	1	29	—	860	—	231*	3
GRAND TOTAL, 1956				....	—	1,167	912 (78%)	33	28	851 (93%)	158 (19%)	693 (81%)	684	9	664	1	19	1 (0.1%)	842	2	18	—
GRAND TOTAL, 1955				....	—	1,091	866 (79%)	23	25	818 (94%)	94 (11%)	724 (89%)	722	2	697	—	25	3 (0.4%)	801	1	41	—
GRAND TOTAL, 1954				....	—	1,034	917 (89%)	36	19	862 (94%)	153 (18%)	709 (82%)	701	8	682	1	18	2 (0.3%)	844	6	15	—

*Asian Flu Epidemic interfered with the Programme—Additional "Absentee" Repeat Sessions were held to minimise the effect.

positive and presumably therefore 87% had not at any time been infected by the tubercle bacillus. Tuberculin testing of the children still at school who were given B.C.G. vaccination in previous years was also continued. The tables set out the details.

Parental Response

The response from the parents was again very satisfactory—80% consenting, the total number of acceptances (1,101) was the highest since the scheme started in 1954. Unfortunately, owing to the Asian influenza epidemic rather more children were absent for the tests than in previous years.

Vaccination in Schools or at Clinics ?

In 1957, all the tests were carried out in the schools apart from those where the numbers were too small; this greatly reduced the amount of time required of the medical staff.

I would like to place on record here our appreciation for all the help given by the heads of the schools, in regard to both the initial distribution of letters and the collection of consent forms, and also during the actual testing at the schools.

Non-Conversion and Reversion

Non-conversion. Only 1 child—born 1944 (a girl attending an L.E.A. school) was negative at the post-vaccinal tuberculin test after having B.C.G. vaccination in September, 1957; she had a local reaction to the B.C.G. vaccination of 6 m.m. No further action was taken but she will be offered another tuberculin test in September, 1958.

Reversion. (a) 9 children—born 1943 (2 boys and 7 girls) given B.C.G. in 1956 and all tuberculin positive (except one girl who was absent from school) to the post-vaccinal tuberculin test some 8 weeks later (i.e. November, 1956) were tuberculin negative when re-tested in September, 1957. No further action was taken in respect of these 9 children.

(b) 4 children—born 1942 (1 boy and 3 girls) given B.C.G. vaccination in 1955 and all positive to the post-vaccinal tuberculin test in 1955 were tuberculin negative when re-tested in September, 1957, although 3 of these 4 children were tuberculin positive when re-tested in 1956.

(c) 7 children—born in 1941 (all boys) given B.C.G. vaccination in 1954 and all positive (except one who was absent) to the post vaccinal tuberculin test in 1954, were tuberculin negative when re-tested in September, 1957. Previous tuberculin re-test results of these 7 children were, tuberculin test 1955—5 positive and 2 negative, tuberculin test 1956—all positive.

Future Policy

It is intended to continue this work as energetically as possible and so make our small contribution to the complete extermination of this disease. Certainly we have the whole-hearted support of the parents and teachers in this matter. Consideration is being given to the discontinuance of the immediate post-vaccinal tuberculin test and retaining only the test one year later.

TABLE B.
SUMMARY OF SURVEY OF THOSE CHILDREN (BORN 1943) WHO WERE GIVEN B.C.G.
VACCINATION IN 1956.
(A) Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin.
(B) Using the Mantoux Test and P.P.D. Tuberculin.

SCHOOLS	Given B.C.G. in 1956	1957 Accepted Re-Test	Absent for Test	Method	Actually Tested	Tuberculin Test	
						Positive	Negative
L.E.A. :							
Girls ...	239	216 (90%)	14	" A "	202	197	5
Boys ...	294	256 (87%)	14	" A " & " B "	242	241	1
TOTAL L.E.A.	533	472 (89%)	28	" A " & " B "	444	438	6
INDEPENDENT :							
Girls ...	91	87 (95%)	11	" A " & " B "	76	74	2
Boys ...	60	51 (85%)	—	" A " & " B "	51	50	1
TOTAL INDEPENDENT ...	151	138 (91%)	11	" A " & " B "	127	124	3
GRAND TOTAL, 1957 ...	684	610 (89%)	39	" A " & " B "	571	562 (98.4%)	9

TABLE C.
SUMMARY OF SURVEY OF THOSE CHILDREN (BORN 1942) WHO WERE GIVEN B.C.G. VACCINATION IN 1955, GIVEN TUBERCULIN RE-TEST IN 1956 AND AGAIN IN 1957 (i.e. 2 years after vaccination).
(A) Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin.
(B) Using the Mantoux Test and P.P.D. Tuberculin.

SCHOOLS	Given B.C.G. in 1955	1957		Absent for Test	Method	Actually Tested	Tuberculin Test	
		No. still at school	Accepted Re-Test				Positive	Negative
L.A.E.	278	120	106	7	"A"	99	96	3
Boys	288	138	119	3	"A" & "B"	116	115	1
TOTAL L.E.A.	566	258	225	10	"A" & "B"	215	211	4
INDEPENDENT : Girls	102	74	69	9	"A" & "B"	60	60	—
Boys	54	43	42	—	"A" & "B"	42	42	—
TOTAL INDEPENDENT :	156	117	111	9	"A" & "B"	102	102	—
GRAND TOTAL :	722	375 (52%)	336	19	"A" & "B"	317	313 (98.8%)	4

TABLE D.
SUMMARY OF SURVEY OF THOSE CHILDREN (BORN 1941) WHO WERE GIVEN B.C.G.
VACCINATION IN 1954, GIVEN TUBERCULIN RE-TEST IN 1955, 1956 AND AGAIN IN 1957
(i.e. 3 years after vaccination).

(A) Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin.
 (B) Using the Mantoux and P.P.D. Tuberculin.

SCHOOLS	Given B.C.G. in 1954	1957		Absent for Test	Method	Actually Tested	Tuberculin Test	
		No. still at school	Accepted Re-Test				Positive	Negative
L.E.A.								
Girls	249	33	29	1	"A"	28	28	—
Boys	316	58	57	3	"A" & "B"	54	48	6
INDEPENDENT :								
Girls	89	35	32	3	"A" & "B"	29	29	—
Boys	47	29	29	1	"A" & "B"	28	27	1
GRAND TOTAL	701	155 (22%)	147	8	"A" & "B"	139	132 (95%)	7

VACCINATION AGAINST SMALLPOX.
VACCINATION STATE AS OBSERVED DURING COMPLETE
EXAMINATIONS IN 1957.

Entrants			Second Age Group			Third Age Group			Other Periodic			Special		
Vac.	Not Vac.	Not known	Vac.	Not Vac.	Not known	Vac.	Not Vac.	Not known	Vac.	Not Vac.	Not known	Vac.	Not Vac.	Not known
463	297	131	492	251	43	375	241	64	583	488	77	353	225	56
891			786			680			1,148			634		
4,139														
Total Vaccinated														
Total Not Vaccinated														
Total Not Known														
Total														
4,139														

55% of all school children examined by complete medical examinations during the year were found to have been vaccinated; 2% less than last year. Only when a satisfactory scar was observed was the child recorded as vaccinated.

POLIOMYELITIS VACCINATIONS

Although poliomyelitis vaccination is not strictly the work of the School Health Service, all the administrative arrangements have been made by the staff of the School Health Department with the assistance of one clerk from the Health Department, as the work could more easily be integrated with the normal school work, particularly as a large number of school children were included in the approved age groups by the Ministry. Tribute should be paid to the skill and enthusiasm of the staff in securing a smooth working of the scheme.

During the year, the Ministry extended the age groups eligible for vaccination to include those babies born in 1955, 1956, and between the 1st January and the 30th June, 1957 and the older children born between 1943 and 1946. The position now, is that all children over 6 months of age and under 15 years of age are eligible for registration. In addition, expectant mothers, general practitioners and their families, ambulance staff and their families as well as the families of special hospital staffs were offered registration during 1957.

The response from the parents has been very good and out of a total of some 16,000 children eligible for registration, 12,892 (approximately 80%) had in fact registered up to the 31st December, 1957; these include 4,801 registered in 1956 when registration was first offered.

When the Ministry of Health, in order to expedite vaccination, decided to obtain American and Canadian Salk vaccines, in addition to the British vaccine, the parents of the older school children (born 1943-46) were informed by letter, at the time of registration, that unless we heard to the contrary, we should use whichever vaccine was available when the children were invited for vaccination. It is interesting to record that only 175 (4%) out of the total number of 4,395 registrations received, stated that British vaccine was preferred.

Since the vaccinations started we have used up the whole allocations as received from the manufacturers for first injections, rather than hold half of it in store for the second vaccination of the same children.

This has, of course, made additional administrative work by way of having to send separate appointments for the 2nd injections and in arranging clinics, etc., but it has enabled us to 'spread' the first vaccinations over a larger number of children.

The following tables set out in detail the position as at 31.12.57 :—

(1) *No. of registrations received :*

Children born 1943—1946	....	....	4,395	(77%)
Children born 1947—1954	....	....	*6,881	(86%)
Children born 1955	....	....	762	(76%)
Children born 1956	....	....	699	(70%)
Children born 1.1.57 to 30.6.57	....	....	155	(30%)
			12,892	(80%)
<i>Less outward transfers</i>			29	
			12,863	

(*includes 4,801 registered in 1956)

(2) *No. of children vaccinated :*

Given both injections	...	....	*4,585	(35%)
Given one injection	....	....	444	
TOTAL	....	....	5,029	
Awaiting vaccination	....	....	7,834	
			12,863	

(*includes 511 vaccinated in 1956)

Out of the 4,074 children given both injections during 1957, 937 were vaccinated by their family doctors.

DIPHTHERIA IMMUNISATION IN SCHOOLS

During 1957, 845 children were given diphtheria immunisation ' booster ' doses in school, subject to parental consent at the time.

AGE GROUPS								
5-7 years		8-10 years		11 years and over		Total		Grand Total
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
35	39	287	294	78	112	400	445	845

SCHOOL MEALS AND MILK REPORT, 1957

(I am indebted to the school meals organiser (Miss C. Cusworth) for the following report) :

The number of children taking milk increased slightly throughout the year. The number taking meals fell by approximately 7% in April when the Ministry of Education increased the charges by 2d. per meal, i.e., from 10d. to 1/-. Since then the numbers have, however, gradually risen almost to their former level.

From the beginning of the year arrangements for the remission of charges in respect of two or more children in the same family were discontinued. A system of part-cost (6d. per meal) was introduced.

Free meals were granted to necessitous children. Approximately 490 children per day were supplied with free meals and approximately 57 children per day with part-payment meals.

The statistical return required by the Ministry of Education, shown below, indicates the number of children taking milk and meals on a selected date.

DATE	MILK		MEALS		
	Number of Children taking Milk	Percentage of School Attendance	Number of children taking Paid Meals	Number of children having Free Meals	Percentage of School Attendance
3.10.57	8,061	93.8	2,385	323	31.5

During the major holidays, meals were provided for necessitous children at three Centres, Bradley Rowe Schools, Montgomery School and Whipton Infants' School. Attendances were as shown below :

HOLIDAY	Number on register for free meals	Average daily attendance	Percentage of attendance of those eligible
Easter	507	231	45.6
Summer	484	171	35.3
Christmas	482	193	40.0

A dining room was opened in the new Beacon Heath Infants' School on 10th September, 1957, the meals being supplied from Ladysmith Area Kitchen.

Since February, John Stocker J.B. School has used the John Stocker Boys' S.M. Dining Room, the Junior Boys' School having a separate sitting. This is a great improvement on the former classroom dining arrangements.

11 schools now have self-contained canteens, viz. :

1. Chestnut Avenue Nursery.
2. Bradley Rowe J.B., & J.G. & I.
3. Whipton Infants' and Whipton Barton J.M.
4. Summerway J.M.
5. Countess Weir J.M. & I.
6. Stoke Hill J.M. & I.
7. The Priory Girls' S.M.
8. The Vincent Thompson Boys' S.M.
9. Bishop Blackall.
10. Hele's.
11. The Technical Grammar.

All other schools were served by Montgomery Area Kitchen or Ladysmith Area Kitchen. In addition, meals were supplied to the Central Technical College, the College of Art Printing Department and to the Local Health Authority's Day Nursery and Occupation Centre.

In the preparation of the meals the aim has been to give attractive, well balanced menus with as much variety as possible ; and a nutritive value of $\frac{1}{3}$ of a child's daily requirements.

Sample Menus

WINTER	SUMMER
1. Roast Pork, Force meat, Savoy Cabbage, Baked Potatoes. Apple Crumble, Custard.	Roast Mutton, Greens, Potatoes. Fruit Flan, Mock Cream.
2. Lancashire Hot Pot, Greens. Ginger Pudding, Lemon Sauce.	Cold Meat, Salad, Potatoes. Sponge Pudding, Jam Sauce.
3. Steak and Kidney Pudding, Root Vegetables, Potatoes. Rice Pudding.	Meat Pie, Carrots, Potatoes. Stewed Fruit, Custard.

HOSPITAL REPORTS

During 1957, 515 copy letters were received from the local hospital consultants, (455 from the Royal Devon and Exeter Hospital, 34 from the Princess Elizabeth Orthopaedic Hospital and 26 from the City Hospital) about children referred to them direct by the child's own doctor. We are particularly indebted in this matter to the consultant paediatrician (Dr. F. S. W. Brimblecombe) who helped us in so many ways and also the many other consultant's concerned.

DEATHS

Three Exeter school children in the age group 3—15 years, died in 1957 — a rate of 0.28 per thousand ; in 1956 there were 5 deaths — a rate of 0.43 per thousand ; the rate for the country as a whole was (in 1956) 0.37 in the 5—15 year age group.

The causes of death were :—

Accidental (1)—Fell from a tree—boy aged 14 years : (this child was maladjusted—living in a hostel-school for maladjusted children).

Acute Myocardial failure due to general anaesthesia for operation for squint (1)—boy aged 3 years : (this boy attended our Nursery School).

Influenzal Pneumonia (1)—girl aged 13 years : (this death occurred early in the influenza epidemic).

Accidents to School Children (at school and otherwise)

During 1957, a record was kept of all children reported by the head teachers to have been absent from school for several days owing to an accident. Each case was investigated by a school nurse and the following table sets out the detailed findings :—

ACCIDENTS, 1957

NATURE OF ACCIDENT	INFANTS		JUNIORS		SENIORS		TOTAL		GRAND TOTAL
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Fractures	11	6	12	4	11	2	34	12	46
Sprains	—	—	1	1	6	—	7	1	8
Burns	1	—	—	1	—	1	1	2	3
Cuts	4	7	9	6	4	1	17	14	31
Eye Injuries	1	—	2	1	1	1	4	2	6
Other Injuries ..	2	3	11	8	10	7	23	18	41
GRAND TOTAL ...	19	16	35	21	32	12	86	49	135
	35		56		44		135		

NATURE OF ACCIDENT	Hospital Treatment	School Accidents	Road Accidents	Home Accidents	Other	GRAND TOTAL
Fractures	46	15	8	9	14	46
Sprains	4	3	1	3	1	8
Burns	2	—	—	2	1	3
Cuts	23	6	8	9	8	31
Eye Injuries	4	3	3	—	—	6
Other Injuries ...	25	15	12	7	7	41
GRAND TOTAL ...	104	42	32	30	31	135
		135				

JUVENILE COURT

The total picture is remarkably similar to that described in my report for the year 1956.

During 1957, 126 children (123 boys and 3 girls) attending schools under the Exeter Education Committee appeared before the Juvenile Court. Of these, 10 children (all boys) were sent to Approved Schools. In addition, 2 boys who appeared before the Juvenile Court on the 30th December, 1956 (both for larceny) were sent to approved schools during 1957. The table below sets out the sex, age group and offences committed.

Juvenile Court Cases

OFFENCE COMMITTED	Boys					Girls				
	AGE GROUP				Total	AGE GROUP				Total
	5-7	8-10	11-14	Over 14		5-7	8-10	11-14	Over 14	
Larceny	—	14	48	2	64	—	1	1	—	2
Breaking and Entering	—	—	7	—	7	—	—	—	—	—
Wilful Damage	—	6	10	—	16	—	—	—	—	—
Cycle	—	—	11	1	12	—	—	—	—	—
Receiving Stolen Property	—	—	2	—	2	—	—	—	—	—
Truanting and Beyond Control ...	—	—	1	—	1	—	—	—	—	—
Being in need of care and protection	—	—	1	—	1	—	—	1	—	1
Indecent Assault	—	—	1	—	1	—	—	—	—	—
Miscellaneous	—	5	14	—	19	—	—	—	—	—
TOTAL	—	25	95	3	123	—	1	2	—	3

10 boys appeared more than once before the Juvenile Court during 1957.

Approved Schools

During 1957, 12 children (all boys) were sent by the Court to approved schools ; they were all aged between 11 and 15 years.

Social problems were manifest in most cases ; in only 3 could it be said that there were no evident social or personal handicaps.

The classified offences were :

Larceny	9
Indecent Assault	1
Truanting and beyond control	1
In need of care and protection	1

- (a) 3 were known to be maladjusted.
- (b) 1 was known to be delicate.
- (c) 1 was in a foster home.
- (d) 4 had lost a parent—2 by death, 2 by divorce—2 now have step-parents.
- (e) 5 were regarded as coming from homes below average.
- (f) In 2 instances the mothers worked outside the home.
- (g) 3 were illegitimate.
- (h) On the whole, the children came from the larger families, 9 of them coming from families of 4 or more children.

CHILDREN'S ABSENCES FROM SCHOOL OWING TO ILLNESS

(I am grateful to the Director of Education for the information supplied by his staff in compiling this section)

The following table and histograms shew the number of children recorded on Friday afternoons (as having been absent from school owing to illness *for the greater part of the week*) week by week by the head teachers; at the end of term, the last afternoon counts as the Friday for that week. Medical certificates are not normally obtained or required and the cause of the absence is taken as that stated by the parents to the head teachers and school inquiry officers. Thus, a child absent on Monday, Tuesday and Wednesday would be included as absent for that week although back at school on Thursday and Friday: whereas another child in school until Thursday but absent on Friday would not be recorded as absent for that week. Some children, therefore, absent owing to long illness, are included week by week; other children absent only for an odd day or so are not included. As I have stated in my previous reports, this information is of limited usefulness and THE FIGURES SHEW TRENDS RATHER THAN A PRECISE STATEMENT OF THE AMOUNT OF ILLNESS AT ANY TIME. It is fair to say, though it has not perhaps, been clearly and accurately stated, that the figures have been obtained in the same way each year since we began collecting them.

The Asian influenza epidemic during the year, naturally pushed up the absences on account of influenza dramatically, especially during the weeks ending 11th, 18th, and 25th October. It was prevalent in all the schools and was not confined to any particular age group. Mainly for this reason the sickness absences as shewn in this particular way were greater during the year than in the previous three years.

As in previous years the greatest single cause of absence during the year as measured in this way was again the common cold (25%), followed by influenza (20%), and sore throats and biliousness (7%); measles is entered only 32 times compared with 379 during 1956 and 2,427 in 1955. We are certainly due for an outbreak in 1958.

The number of absences during 1957 was highest in the Autumn term owing to the timing of the influenza epidemic—usually it is highest in the Lent term. The Summer term was as usual the "lightest" in this respect.

WEEK ENDING	Coughs and Colds	Bilious- ness	Sore Throats, etc.	Eye and Ear	Influenza	Whooping Cough	German Measles	Measles	Chicken Pox	Mumps	Acci- dents	Miscel- laneous	Janu- dice	Dysen- tery	TOTAL, 1957	TOTAL, 1956	TOTAL, 1955	TOTAL, 1954
11.1.57	118	48	34	20	14	—	—	—	3	3	13	160	—	—	413	156	821	415
18.1.57	132	80	62	25	52	—	—	—	6	1	11	260	—	—	691	728	810	353
25.1.57	323	91	70	12	12	—	—	—	5	1	10	268	—	—	828	958	852	619
1.2.57	353	101	61	34	63	—	—	—	3	2	12	311	—	—	915	1,186	1,083	1,178
8.2.57	315	87	76	39	60	—	—	—	5	2	6	324	—	—	925	809	809	757
15.2.57	146	75	79	39	73	1	—	—	5	1	9	389	1	—	1,131	1,450	1,450	591
22.2.57	211	62	85	33	78	1	—	—	6	3	13	382	2	3	907	1,539	973	541
1.3.57	200	51	82	25	41	—	—	—	4	1	12	275	—	—	691	1,056	788	608
8.3.57	202	60	60	32	40	—	—	1	3	1	7	281	—	1	692	716	737	622
15.3.57	175	50	97	45	33	1	1	1	8	1	8	210	—	1	631	693	727	741
22.3.57	156	48	90	43	20	1	—	—	7	2	9	239	—	—	618	788	807	725
29.3.57	141	52	65	29	40	6	—	1	10	2	12	257	—	—	615	713	575	660
5.4.57	118	52	87	24	17	6	1	—	4	—	18	233	—	—	560	373	623	641
12.4.57	131	38	70	22	13	7	1	—	2	2	12	241	—	—	513	421	310	351
19.4.57	67	56	27	13	—	6	EASTER HOLIDAY				9	170	—	—	358	511	110	415
26.4.57	118	42	47	31	2	14	1	—	2	3	15	188	—	—	461	519	392	354
3.5.57	171	57	57	34	2	20	1	1	2	1	20	208	—	—	571	548	455	349
10.5.57	118	61	70	31	8	19	5	—	6	—	29	497	—	—	601	497	403	435
17.5.57	129	92	70	24	11	17	4	2	6	—	24	239	—	—	618	491	433	433
24.5.57	115	65	69	27	2	17	1	2	13	1	28	269	—	—	609	514	169	581
31.5.57	66	50	45	14	5	14	1	3	16	1	26	282	—	—	523	489	518	409
7.6.57	146	64	47	23	1	17	—	—	20	1	17	239	—	—	488	523	505	407
14.6.57	64	62	47	23	1	14	1	—	16	—	18	197	—	—	475	427	464	480
21.6.57	82	65	56	20	3	16	—	2	14	—	11	227	—	—	484	451	481	494
28.6.57	47	86	70	18	22	9	—	—	14	—	18	241	—	—	474	491	575	512
5.7.57	48	72	56	12	3	10	—	1	13	—	17	280	—	—	522	507	671	521
12.7.57	93	38	68	14	5	21	—	—	14	1	17	274	—	—	507	503	588	544
19.7.57	87	39	54	13	1	18	SUMMER HOLIDAY				6	274	—	—	507	503	588	544
26.7.57	56	16	21	7	3	5	SUMMER HOLIDAY				12	149	—	—	280	317	398	245
3.8.57	97	31	32	7	24	4	—	1	5	2	9	148	—	1	382	419	467	377
10.8.57	270	95	64	17	176	7	—	1	6	2	15	261	—	—	382	419	467	377
17.8.57	644	53	62	21	701	5	2	1	3	—	20	370	—	—	1,880	486	526	395
24.8.57	616	118	53	12	1,426	9	—	—	1	1	13	691	—	—	2,940	587	609	161
31.8.57	582	46	40	12	1,716	10	—	—	1	1	9	385	—	—	2,801	527	599	478
7.9.57	310	29	36	9	1,051	6	—	3	—	6	2	247	—	—	1,701	539	654	517
14.9.57	163	16	23	11	454	5	—	2	5	7	9	169	—	—	861	650	656	598
21.9.57	144	16	29	12	128	1	—	1	6	8	8	191	—	—	544	625	764	652
28.9.57	182	41	51	16	64	1	—	—	7	4	10	220	—	—	576	659	660	726
5.10.57	268	52	51	11	66	2	—	—	12	9	11	242	—	—	726	834	728	1,023
12.10.57	249	37	47	15	46	2	—	2	12	13	8	274	—	—	704	830	942	836
19.10.57	252	59	56	25	64	4	—	—	12	12	12	310	—	—	830	691	971	996
26.10.57	281	18	50	23	55	4	—	—	6	12	4	295	—	—	794	636	1,084	1,332
3.11.57	252	50	48	14	36	1	—	1	8	26	11	246	—	—	693	512	1,069	2,097
TOTAL, 1957	8,447	2,410	2,400	915	6,641	287	32	32	294	150	543	11,069	3	6	33,229	27,595	27,930	27,071
TOTAL, 1956	8,419	2,514	2,212	929	2,298	144	36	379	876	65	539	9,023	15	146	27,595	—	—	—
TOTAL, 1955	7,046	1,966	2,320	1,022	2,502	540	6	2,427	971	781	472	7,877	—	—	27,930	—	—	—
TOTAL, 1954	8,247	1,992	1,614	917	2,372	376	1,653	286	924	1,215	288	6,676	—	—	27,071	—	—	—

EMPLOYMENT OF SCHOOL CHILDREN

During the year 232 children (170 boys and 62 girls) were granted licences for part-time employment after being medically examined in accordance with the Authority's Bye-laws. 138 children (113 boys and 25 girls) were also re-examined after working between 3 and 6 months. No evidence of any ill effect was observed.

The relevant Bye-laws remained unchanged and were detailed in my 1954 report. The Director of Education's department is responsible for ensuring that no children are employed without licences and that the terms of the licences are observed.

TYPE OF EMPLOYMENT (New Cases)	Boys	Girls
Delivery of newspapers	136	31
Delivery of groceries	8	—
Delivery of meat	15	—
Delivery of milk	4	—
Shop assistants (mostly at multiple stores)	—	22
Miscellaneous	7	9
TOTAL	170	62

SCHOOL LEAVING REPORTS

During 1957, 60 reports were sent to the family doctors on children leaving school who were handicapped or had defects of any important medical history.

Close contact with the Youth Employment Officer regarding suitable employment for the handicapped child continued and in all, 63 children were reported to him during the year. The tables set out the main defects of these 63 children.

EMPLOYMENT OF CHILDREN WITH SOME OCCUPATIONAL HANDICAP REPORTED ON FORM Y.9.

Children for whom special consideration about employment was desirable on account of *the medical history*.

MAIN DEFECT	Boys	Girls	Total
a. General condition below average	3	5	8
b. Defective vision	8	4	12
c. Abnormal chest conditions	—	1	1
d. Educationally subnormal	12	3	15
e. Orthopaedic conditions	1	4	5
f. Ear conditions	1	2	3
g. Maladjustment	3	1	4
h. Miscellaneous	2	1	3
TOTAL	30	21	51

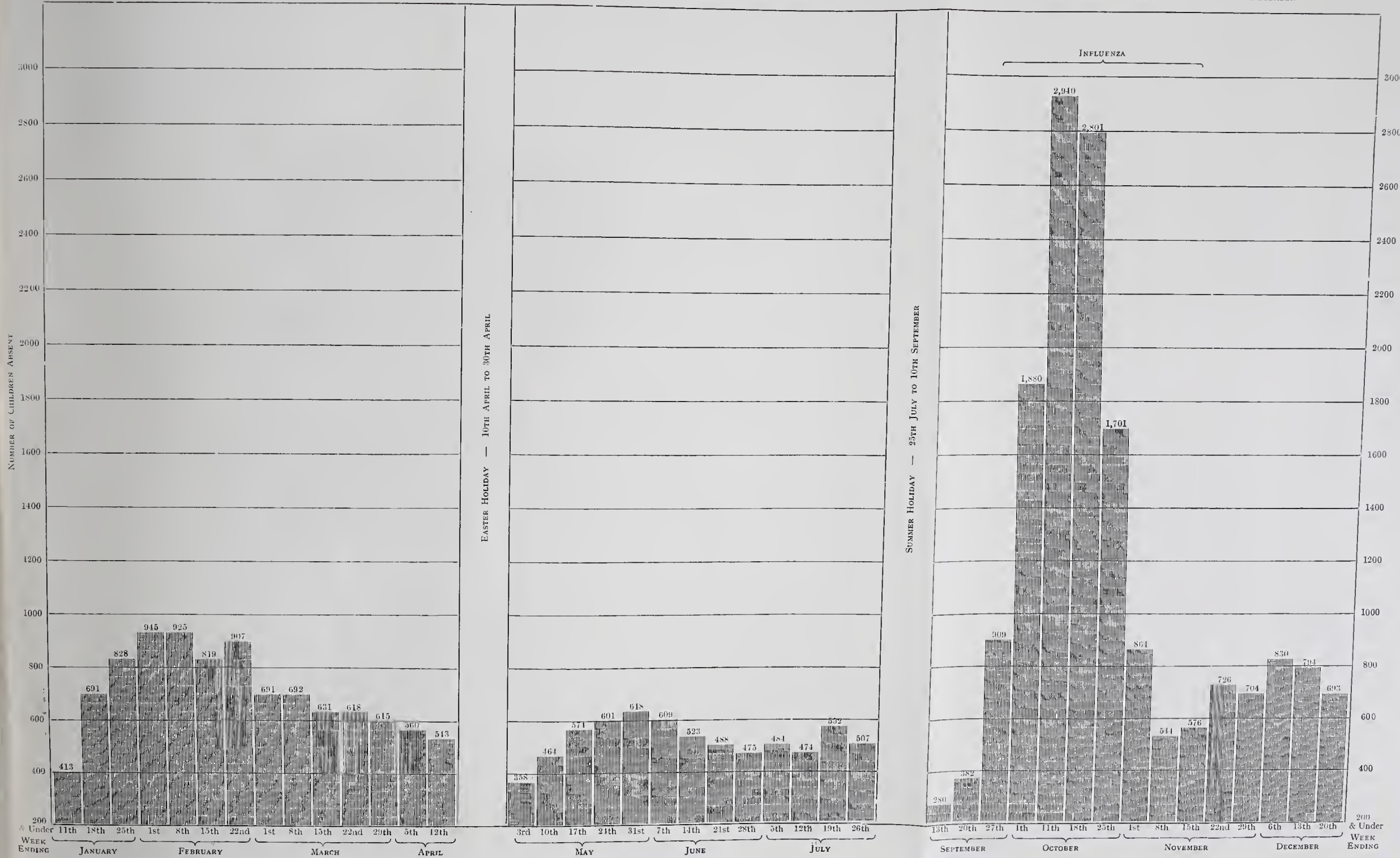
1957.

HISTOGRAMS SHEWING THE TOTAL NUMBER OF CHILDREN ABSENT EACH WEEK OWING TO ILLNESS

LENT TERM — 8TH JANUARY TO 10TH APRIL

SUMMER TERM — 30TH APRIL TO 25TH JULY

AUTUMN TERM — 10TH SEPTEMBER TO 19TH DECEMBER





REPORTED ON FORM Y.10.

Children for whom registration as disabled persons was considered desirable ; parental consent necessary. (Disabled Persons' Employment Act, 1944).

MAIN DEFECT				Boys	Girls	Total
a.	Rheumatic heart	....	....	—	1	1
b.	Severe deafness	....	....	1	—	1
c.	Educationally Subnormal	....	....	2	1	3
d.	Defective vision (severe)	....	....	1	2	3
e.	Orthopaedic condition	....	....	2	1	3
f.	Multiple defects	....	....	1	—	1
TOTAL				7	5	12

1. *Determining Factors in Classification.*

"Y 9's" include (*inter alia*) children with poor general physical condition, orthopaedic defects, visual and hearing defects, also educational subnormality and maladjustment.

"Y 10's" include gross orthopaedic and cardiac conditions, defects of hearing and vision and educational subnormality. 2 "Y.10" children had multiple serious defects, one with poor vision and educational subnormality, whilst the other was suffering from educational subnormality and maladjustment together with poor vision and general physical condition.

2. *Placement by Youth Employment Bureau.*

- (i) (a) "Y 9" children were treated just like other children without any serious defect.
- (b) "Y 10" children were treated as disabled persons with a special effort being made for suitable placement and the defect being discussed with the prospective employer.
- (ii) No particular difficulty or delay was experienced during 1957 in placing either "Y 9" or "Y 10" children reported.
- (iii) It has been noted that the "Y 9" and "Y 10" children reported in 1957 (with the exception of a few)

were all placed in industrial factory work or as distributive trade shop assistants, whereas a substantial number of the ordinary school leavers were placed as trade apprentices/learners, professional trainees or clerical grades.

3. *Turn-over in Employment.*

Change of jobs were more frequent in the "Y 9's" than in the ordinary school leavers and were much more frequent than among the more severely handicapped ("Y 10's") who were placed with great care. There are obviously a number of reasons operating to this end including that mentioned in para. 1 above. It does appear that more attention will have to be paid to the placement of "Y 9" children, if the satisfactory results evident from the placing of the "Y 10" children are to be approached. It must be admitted we should be perhaps more critical in the department about the classification of the children leaving school with some degree of occupational handicap: some more severely educationally subnormal children were included as "Y 9's." Among the 51 "Y 9" children, 14 had kept their jobs over 9 months, and were still so employed at the time of this observation—(April, 1958).

A further 19 children had only been in one job, but in some of these cases, the time concerned was really too short to judge whether they were likely to be satisfactory placings. But 13 children had been in more than one job.

Of these 6 had been in 2 jobs each ;

4 had been in 3 jobs each (1 of these through persistent ill health) ;

1 had been in 4 jobs ;

2 had been in 6 jobs each (1 of these children was maladjusted, whilst the other was educationally subnormal with an I.Q. 67).

A further 2 children were unemployed ; and

3 children were transferred to other districts.

Mr. G. R. Hewitt the Youth Employment Officer, has been most co-operative and helpful on discussions on this difficult subject.

Financial Year ended 31st March, 1957

(The City Treasurer has kindly supplied me with the following information).

(a)	Total cost of School Health (including Dental Service	£19,972
(b)	Amount of Government Grant	£10,186
(c)	Actual cost to the rates	£9,786
(d)	Cost in terms of penny rate	1.42d.
(e)	Cost per child to the Exeter Education Committee (based on a school population of 10,515)	18/8d.

RETURNS TO MINISTRY OF EDUCATION

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (Including Special Schools)

A.—PERIODIC MEDICAL INSPECTIONS

Number of inspections in the prescribed groups :—

Entrants	891
Second Age Group	786
Third Age Group	680
TOTAL	2,357
Additional Periodic Inspections	1,782
GRAND TOTAL	4,139

B.—OTHER INSPECTIONS

Number of special inspections	1,687
Number of re-inspections	920
TOTAL	2,607

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspections to require Treatment—(excluding Dental Diseases and infestation with Vermin)

AGE GROUPS INSPECTED (1)	For defective vision excluding squint (2)	For any of the other conditions recorded in Table III (3)	Total Individual pupils (4)
Entrants	8	153	141
Second Age Group	55	135	151
Third Age Group	56	122	166
TOTAL	119	410	458
Additional Periodic Inspections	108	182	248
GRAND TOTAL	227	592	706

D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS

AGE GROUPS	Number of Pupils Inspected	SATISFACTORY		UNSATISFACTORY	
		No.	Percentage of Col. 2	No.	Percentage of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	891	887	99.6	4	0.4
Second Age Group	786	783	99.6	3	0.4
Third Age Group	680	680	100.0	—	Nil
Additional Periodic Inspections	1,782	1,778	99.8	4	0.2
TOTAL	4,139	4,128	99.7	11	0.3

TABLE II.
INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the nurses or other authorised persons	18,370
(ii)	Total number of <i>individual</i> pupils found to be infested	152
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	27
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	Nil

TABLE III.
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1957
A.—PERIODIC INSPECTIONS

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		T.	O.
		T.	O.	T.	O.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	37	21	72	18	219	112
5	Eyes : <i>a.</i> Vision	8	16	56	74	227	460
	<i>b.</i> Squint	10	15	—	1	13	44
	<i>c.</i> Other	6	7	5	1	31	23
6	Ears : <i>a.</i> Hearing	3	15	4	3	25	37
	<i>b.</i> Otitis Media	2	4	2	4	6	25
	<i>c.</i> Other	46	18	18	5	136	55
7	Nose and Throat	21	134	4	23	45	379
8	Speech	5	27	—	3	10	53
9	Lymphatic Glands	—	39	—	3	1	87
10	Heart	—	3	1	12	5	61
11	Lungs	11	26	1	9	18	113
12	Developmental :						
	<i>a.</i> Hernia	1	1	—	—	1	10
	<i>b.</i> Other	1	15	3	9	15	87
13	Orthopaedic :						
	<i>a.</i> Posture	1	3	4	9	10	48
	<i>b.</i> Feet	1	13	—	4	6	61
	<i>c.</i> Other	3	91	6	33	25	300
14	Nervous System :						
	<i>a.</i> Epilepsy	—	1	—	1	1	8
	<i>b.</i> Other	—	5	—	—	1	16
15	Psychological :						
	<i>a.</i> Development	—	8	—	5	2	48
	<i>b.</i> Stability	3	32	—	7	13	101
16	Abdomen	—	8	—	—	—	12
17	Other	2	10	2	8	9	40

T means requiring Treatment.

O means requiring Observation.

TABLE III.
B.—SPECIAL INSPECTIONS

Defect Code No.	DEFECT OR DISEASE	SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	280	2
5	Eyes : <i>a.</i> Vision	55	17
	<i>b.</i> Squint	—	2
	<i>c.</i> Other	12	—
6	Ears : <i>a.</i> Hearing	4	12
	<i>b.</i> Otitis Media	4	1
	<i>c.</i> Other	23	3
7	Nose and Throat	26	1
8	Speech	8	3
9	Lymphatic Glands	—	—
10	Heart	—	—
11	Lungs	1	2
12	Developmental :		
	<i>a.</i> Hernia	—	—
	<i>b.</i> Other	1	2
13	Orthopaedic :		
	<i>a.</i> Posture	—	1
	<i>b.</i> Feet	2	2
	<i>c.</i> Other	4	4
14	Nervous System :		
	<i>a.</i> Epilepsy	1	—
	<i>b.</i> Other	—	1
15	Psychological :		
	<i>a.</i> Development	—	—
	<i>b.</i> Stability	20	6
16	Abdomen	1	2
17	Other	15	20

TABLE IV*Group I.—Eye Diseases, Defective Vision and Squint.*

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	121	20
Errors of refraction (including squint) 	—	1,018
TOTAL	121	1,038
Number of pupils for whom spectacles were Prescribed 	—	722

Group II.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear 	—	15
(b) for adenoids and chronic tonsillitis 	—	129
(c) for other nose and throat conditions 	—	18
Received other forms of treatment 	261	339
TOTAL ...	261	501
Total number of pupils in schools who are known to have been provided with hearing aids :		
(a) in 1957 	—	3
(b) in previous years 	—	9

Group III.—Orthopaedic and Postural Defects.

	By the Authority	Otherwise
Number treated otherwise, e.g. in clinics or out-patient departments 	—	46

Group IV.—Diseases of the Skin (excluding uncleanness, for which see Table II).

	Number of cases treated or under treatment during the year by the Authority
Ringworm : (i) Scalp	—
(ii) Body	3
Scabies	—
Impetigo	19
Other skin diseases	425
TOTAL	447

Group V.—Child Guidance Treatment.

	Number of cases treated in the Authority's Child Guidance Clinic
Number of pupils treated at Child Guidance Clinic	194

Group VI.—Speech Therapy.

	Number of cases treated by the Authority
Number of pupils treated by Speech Therapist	150

Group VII.—Other Treatment Given.

	Number of cases treated by the Authority
(a) Number of cases of miscellaneous minor ailments treated by the Authority	1,410
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	924
(d) Other than (a), (b) and (c) above (specify)	—
TOTAL	2,364

TABLE V.
DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers :—				
	(a)	At Periodic Inspections	....	....	8,093
	(b)	As Specials	....	....	1,565
		TOTAL (1)	....		9,658
(2)	Number found to require treatment				
(3)	Number offered treatment				
(4)	Number actually treated				
(5)	Number of attendances made by pupils for treatment including those recorded at heading 11 (h)				
(6)	Half days devoted to :				
		Periodic (School) Inspection	....		99
		Treatment	....	....	1,207
		TOTAL (6)	....		1,306
(7)	Fillings :				
		Permanent Teeth	....	....	5,554
		Temporary Teeth	....	....	511
		TOTAL (7)	....		6,065
(8)	Number of teeth filled :				
		Permanent Teeth	....	....	4,486
		Temporary Teeth	....	....	438
		TOTAL (8)	....		4,924
(9)	Extractions :				
		Permanent Teeth	....	....	1,262
		Temporary Teeth	....	....	2,566
		TOTAL (9)	....		3,828
(10)	Administration of general anaesthetics for extraction				
(11)	Orthodontics :				
	(a)	Cases commenced during the year	....	....	76
	(b)	Cases carried forward from previous year	....	....	105
	(c)	Cases completed during the year	....	....	75
	(d)	Cases discontinued during the year	....	....	—
	(e)	Pupils treated with appliances	....	....	58
	(f)	Removable appliances fitted	....	....	88
	(g)	Fixed appliances fitted	....	....	2
	(h)	Total attendances	....	....	913
(12)	Number of pupils supplied with artificial dentures				
(13)	Other operations :				
		Permanent Teeth	....	....	962
		Temporary Teeth	....	....	12
		TOTAL (13)	....		974

APPENDIX I

HEALTH EDUCATION AND SMOKING

Two letters are here set out ; the first from the Medical Officer of Health and Principal School Medical Officer to the parents of all boys over 13 years, about the risks of smoking : the second a representative covering letter from a head teacher, (every head teacher wrote his own letter). The letters were sent out together to the parents, being taken home from school by the boys. In this way the influence of the school and of the school health department were combined.

Dear Parent,

Smoking

As a Public Health doctor it is my duty to write to parents about the serious danger to health of smoking by young people. It has been known for many years that smoking is harmful to growing boys and girls, leading to bronchitis and "smoker's cough." Recent medical research, however, has shewn that it is much worse than we thought and that the dread disease of lung cancer—which kills 4,000 men a year—is far more likely to occur among smokers, especially if heavy cigarette smokers.

Boys and girls cannot always realise the importance of these things, but we who are parents must obviously do all that we can to prevent our children starting this habit or if they have started, to break it. It is one that is very hard to break, and it takes so much money that could be better spent on other things.

Many boys and girls regard smoking as a sign that they are "growing up" : but trying to do well in games and sports, cycling, and taking a pride in personal appearance and physical fitness are much better ways of proving it.

Yours truly,

E. D. IRVINE,

Medical Officer of Health.

Dear Parent,

I am particularly anxious to draw your attention to the attached letter from the City Medical Officer. I have been very distressed for some time that the habit of smoking is getting a grip on certain of the boys at this School. Some boys are smoking to such an extent that their fingers are stained brown with nicotine.

Dr. Irvine's letter cannot be treated lightly as something that doesn't matter. It matters a great deal to the future health and happiness of your son that he should not start smoking until

he is an adult and able to understand what it entails and it is even more important that, if he has started to form this habit, he should stop it as quickly as possible.

Parental control of pocket money and the manner in which it is spent is one of the ways in which this practice can be dealt with ; and anyone who sells cigarettes or tobacco to a boy who is under sixteen is breaking the law.

I should be very pleased to see any parent who is finding worry or difficulty in this matter and to co-operate in any way in which I can help.

Yours sincerely

Head Master.

APPENDIX II

SQUINT

In 1954 the hospital orthoptist of the West of England Eye Infirmary (Mrs. M. J. Sankey) prepared a list of children resident in the city, under the care of her department at that time : this comprised 208 names and certain relevant details were set out. The number of children in the city in 1954 under 15 years of age was 16,600. The hospital provides the school eye service for an area which includes the city and a large surrounding part of Devonshire for which there is no other specialist hospital facilities.

In 1957 the hospital record cards of the children listed in 1954, were by courtesy of the consultants concerned and the hospital secretary, scrutinised by Mrs. J. Burnett, of the clerical staff of this department, with a view to ascertaining the apparent age of onset, the presence of a familial history and the alleged or apparent cause. 191 were traced. No other enquiries were made.

It must be admitted this is a very limited enquiry and the findings must therefore be taken as not necessarily true of strabismus generally.

Table I shews the apparent or alleged causes : some must be regarded as associated, perhaps even hardly that, rather than causal. Measles and whooping cough were mentioned as causal in a fair sprinkling of cases. Bronchitis 2, cough 1, pneumonia 1, chicken pox 2, German measles 1, gastro-enteritis 1, severe cold 1, Pink Disease 1, playing with squinting child 1, and otitis media 1, were among the miscellaneous factors alleged to be causal or associated.

This table also shews the believed age at onset, and the ages of reference to hospital which shews a considerable lag : our measure of this is I believe very crude, but so far as it goes, it shews that the time appears to have been less in amount, the older the child was at the believed onset.

In 87 (rather less than half the cases) a familial history—either in regard to father, mother, brothers, sisters, aunts, grandfather, cousins—was given. 92 (rather less than half) of the children recorded in 1954 were still attending the hospital three years later ; 73 of the children had had corrective eye operations by 1957.

SQUINTS — (191 CHILDREN — 100 GIRLS AND 91 BOYS)

ALLEGED CAUSE	AGE AT ONSET												FAMILIAL FACTORS							
	Under 6 mths.		6-12 months		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-15 years		Not known		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.		
MEASLES	—	1	1	1	—	—	1	4	2	4	3	1	—	1	—	—	—	1	20	
WHOOPING COUGH	—	—	—	1	1	1	—	2	—	4	1	2	—	1	—	—	—	—	13	
TEETHING	—	—	1	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	5	
ACCIDENTS	—	—	—	—	1	—	—	1	—	—	—	1	2	—	—	—	—	—	6	
MISCELLANEOUS	2	3	—	—	—	—	2	2	—	1	1	2	3	—	—	—	1	17		
NOT KNOWN	6	10	2	9	8	9	8	9	10	6	16	7	13	5	1	—	6	5	130	
TOTAL	8	14	4	13	11	11	18	12	15	21	13	13	17	9	1	—	6	7	191	
AGE WHEN REFERRED																				
TOTAL	—	—	—	—	2	5	7	11	14	23	18	17	45	37	5	7	—	—	191	

AVERAGE TIME LAG BETWEEN ONSET AND REFERENCE TO EYE HOSPITAL

AGE AT ONSET	No. of Cases	Average Time Lag in Months	Range
Under 6 months	22	47	9 months to 10 years
6-12 months	17	41	7 months to 8½ years
1-2 years	22	41	Nil to 10 years
2-3 years	30	22	Nil to 7 years
3-4 years	28	23	Nil to 7½ years
4-5 years	34	14	Nil to 7 years
5-10 years	24	12	Nil to 4 years
10-15 years	1	12	Nil to 4 years
Not known	13	—	One case only
TOTAL	191	26	Nil to 10 years

SQUINTS — (191 CHILDREN — 100 GIRLS AND 91 BOYS)

Defect

RIGHT			LEFT			ALTERNATING			LATENT		TOTAL		
Divergent			Convergent			Divergent			Convergent				
B.	G.	G.	B.	G.	G.	B.	G.	G.	B.	G.	B.	G.	
3	5	26	0	4	42	9	7	9	2	0	91	100	
8			4			16			2			191	
61			80			20							

Treatment

Exercises only	Operation only	Occlusion only	Exercises and Operation	Exercises and Occlusion	Operation and Occlusion	Exercises, Operation and Occlusion	Observation	Total
B. G.	B. G.	B. G.	B. G.	B. G.	B. G.	B. G.	B. G.	B. G.
22	22	11	10	6	17	7	10	91
44	23	23	18	18	35	15	15	191

Present Condition

Still Attending	Discharged	Left District	Failed	Total
B. G.	B. G.	B. G.	B. G.	B. G.
42	36	1	12	91
92	75	5	19	191

We shall try to make a more exhaustive survey of squint cases, as seen in the course of school health care. The record card we shall use is set out overleaf.

I am greatly indebted to the consultant eye surgeons (Mr. M. Dykes Bower, Mr. F. J. Rutter and Mr. G. I. Cantrell and Dr. Vera Taylor) and to the hospital secretary (Mr. J. Sullivan) for permission to see the records, and to Mrs. Sankey for her help throughout.

EXETER HEALTH & EDUCATION COMMITTEES

SQUINT (or suspected squint) RECORD CARD

A. This section should be completed by the medical officer referring the case to the Eye Infirmary.

Name	Date of Birth	Date First Noticed :
Address	Clinic or School	By Whom :
Reason for Reference	Vision : Without glasses : R. L.	With glasses : R. L.
.....
Date Referred	Age .....	.....

PLEASE RETURN THIS CARD TO THE SCHOOL HEALTH DEPT.

Signature of Medical Officer

B. This section should be completed at the Eyc Infirmary (with the kind co-operation of the snior orthoptist).

Diagnosis	Date of Onset
Cause	Age at Onset

Family History of Squint

TREATMENT

Exercises	Operation	Occlusion	Observation	No treatment	Date Discharged or left city	Where gone
Visual Acuity (when referred)	Date	Without glasses R. L.	With glasses R. L.	Visual Acuity (on discharge) R. L.	Without glasses R. L.	With glasses R. L.